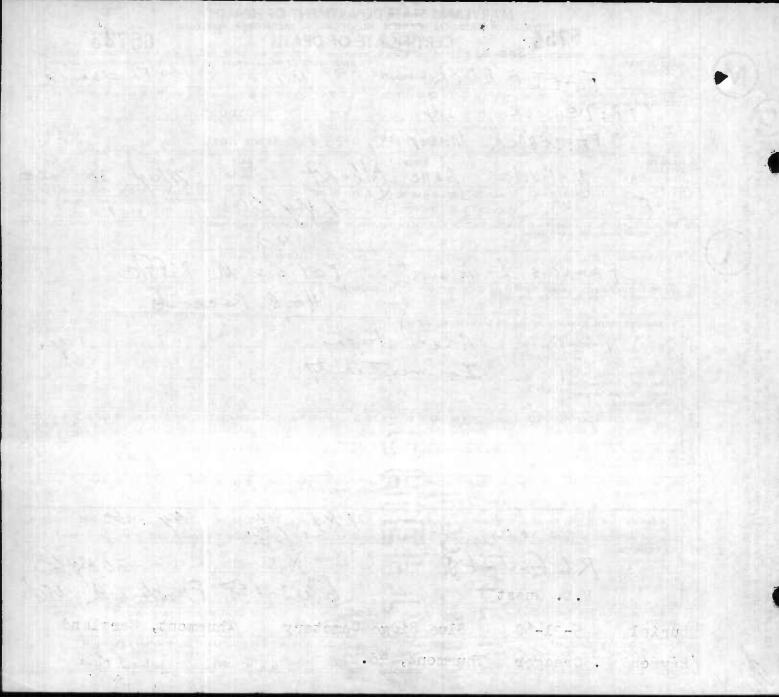
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Thurmont give street address e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, d. STREET ADDRESS ON A FARM? OR INSTITUTION Mamorio Flanagan Road YES NO T NAME OF 4. DATE Middle Manth Day Yeor DECEASED 30 fille 1960 Pages DEATH (Type or print) death UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED campletely after a last birthday) Manths Days Haurs WIDOWED [DIVORCED certificate be executed 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) pup carbon 2 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician remave 17, INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending please thot the death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO py remaval, Canditions, if any, which permit. (b) has been signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit ar offending physician 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ATTENDING PHYSICIAN: The low CATION PERFORMED? cremati YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 ar Part II af item 18.) After this certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) SID 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) Day, Yeor (County) Use factory, street, affice bldg., etc.) Hour o. m. While Not while at work at work by the haspital p. m detached for 19 60 that (1) (we) last 30 21. I certify that (I) (this hospital) attended the deceased fram. 4 saw the deceased alive an 30 , and that death accurred at fram the causes and on the date stated above. DIRECTOR: 22g. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR PHYS M.D. OR ned 22d. ADDRESS 22c. PHYSICIAN'S 3 should NAME (Type) FUNERAL Guest poge 3 sh 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Maryland Thurmont, Ridge Cemetery 5-31-60 Blue Buria 0 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25b. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR VR A15 (4) 15M 9/59/ Thurmont. Creager ravmond DATE 160

MARYLAND STATE DEPARTMENT OF HEALTH



ADDRESS

M. R. Etchison & Son, Frederick, Maryland

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Days

(County)

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

240. REC'D BY REGISTRAR

DATE MAY 1 8 '60

Months

e. IS RESIDENCE

149 19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO A

> > (Stote)

DATE SIGNED

(Stote)

Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

ON A FARM? YES NO A

Yeor

2 VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

#1 4 ₄ *		GERTIFICA		
			Strategie	
	ur - 1 - 1g - 1g - 1g med 15 mm It in discretisans	Property Room, or a	110124	
				TO MAKE A
		7117K		
	Freeze of Ziller (Talkin)		EIGH Jan	
	received a solvene .			
				The second of
	ST. STREET M. 1919 to benefit			21. Limite 6.0
(=- V				(Auto)
	the Agrical Addition of			
	Household was spend and			Thursday a
	Lact content or arms			

05725

	5795	CERTIFICA	AIE OF DEAIR		Reg. Dist. No.
. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Who	- L COUNTY	an: Residence befare admission) Frederick
b. CITY OR TOWN (I RURAL and give no Brunsy		e c. LENGTH OF STAY IN 1b	35 Brunswick	utside carporate limits, write R	URAL and give nearest tawn)
d. NAME OF HOSPIT OR INSTITUTION	1421 East Po	tomac Street	d. STREET ADDRESS	Potomae St	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Anna First B	arbara Middle	Barnett	4. DATE Man	3 Day Year 19 6 C
Female Female	1200-3 4-	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10-8-1879	9. AGE (In years last burthday) yrs.	Manths Days Haurs Min.
House V	king life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of West Vi		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	John Mate	r	14. MOTHER'S MAIDEN N	Anna?	
	R IN U. S. ARMED FORCES? (It yes, give war or dates of service)		rs.Laurence	Nelson, Brun	ress swick, Maryland
Canditians, if a gave rise ta is cause (a), stating lying cause last. PART II. OTH	mmediate DUE TO (c)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPS: PERFORMED?
PART II. OTH	AS UNDERLYING 20b. [CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I ar Part II af item 18.)	YES NO
20c. TIME OF INJUR Haur a. m. p. m.	WH		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		(Caunty) (State
21. I certify the alive an	C.E. Pruitt	and that death	MD Bren		1-0-1
REMOVAL (Specify) Burial		22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, tawn,	ar caunty) (State)
3. FUNERAL DIRECTOR	M	ADDRESS runswick, Mary	24a. REC'D		STRANSSISMATURE VITEI

urs after death. Page 4 may be lined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the formuse as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSP

VS A15 (4) 15M 9/58

and the second of the second o The Property of Labour & Labour & Labour Labour Control of the Con . . . The transfer of the state of the state of the state of Control Carried Control and the language of the control of the carried control of the carri THE ALL REAL PROPERTY. The State of the same of the state of the st

TO FUNE

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05726 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (W	1 00	orion: Residence before admission) Y Frederick
b. CITY OR TOWN (If autside carporate limits, wr RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Frede)		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give st 840 North Market Street	reet oddress)	d. STREET ADDRESS 840 No	orth Market St	e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF First CLIFFOF CLIFFOF	Middle RD SAMUEL	BIDDINGTON	4. DATE MODEL OF DEATH	May 11, 19 60
35-7 . 357 . 1	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 26 July 1871	lost hirthday	Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired—Self Employed	10b. KIND OF BUSINESS OR INDUS Brick Mason		or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME George Biddington		Sarah (last	NAME 5 name unknown	1)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		s. Ruth Eyler	Ac	ddress
Canditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITION	frenchangen	NOT RELATED TO THE TERM		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Port II of item 18.)	YES NO
Haur a.m.	Od. INJURY OCCURRED /hile Not while work Ot work	ACE OF INJURY (Home, form tory, street, office bldg., etc.	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the decalive on	1950, and that death	occurred at 5:45A	M, from the causes ADDRESS (Street, city or town arket St.	and on the date stated above pate signed 11 May 1960
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	
BREMSEAT (Specify) 5-13-60 23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	Frederick, Maryl	240. REC'		Maryland GISTRAR'S SIGNATURE Lithurg L. Kronen

*			***
			aples of the same
	end at any group graph to mb.	ATTENDA OF COMPANY	
Secretary Control of			
			or depth of the control of the contr
	artime, married		100000000000000000000000000000000000000
	The series should decree		
41 474	an angle of the contract of		
			The second second
	or Line Paliting		STATE AND SECTION
	. 31. vedlek . il 350		
	Senderice, language Salaman	sayan-bagaantan	¢ • •
	n delpre Seek Seek		

VS A15 (4) 15M 9/55

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TATE DEPART	MENT OF			IMORE,	18, (1572	7
		5797	1	CERTIFIC	JAIE OF	DEAIL			Reg. I	Dist. No.	
1.	o. COUNTY	ederick		MARYLAN		Mary]		lived. If instit b. COUN	utian: Reside	ence befare ad	mission)
	b. CITY OR TOWN (I RURAL and give no	f outside corporale limit	s, write c	LENGTH OF STAY IN 1	c. CITY O	R TOWN (If	outside corpora	ite limits, write	RURAL one	give recrest	lown)
	Rural			3 weeks	Balt	timore	29,			310	1.4
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, gi		dress)	d. STREET	ADDRESS				e. IS	RESIDENCE N A FARM
		Emmitsb	ourg,		915	Cooks	Lane				ON [
3.	NAME OF DECEASED (Type or print)	Mae Fin		Alicene	Campbe	911	4. DATE OF DEATH	May	lanth	10,	Year 19 6
	sex Female	901 9 3	7. MARRIED	NEVER MARRIED	May 2			AGE (In year last birthday) Months	Days Ho	
10	o. USUAL OCCUPATION	ON (Give kind of work d	lane 10b. KII	ND OF BUSINESS OR IN						ITIZEN OF WI	HAT COU
_	Ret. Nur	ing ille, even if refired)					irg. M		100	U.S.A	
13.	. FATHER'S NAME					R'S MAIDEN N		CLE J MICH.		0 0 0 0 22	
	Jan	es M. Ker	rigal	n		Marga	ret D	. Rose	enste	el.	
S	. WAS DECEASED EVE	R IN U. S. ARMED FORC (If yes, give wor or dates of se	CES? 16. SO		INFORMANT Fran	ces	a 2		ddress	Emmi	
		nmediate (1	novalundo herteus	Carbo	iesto	si de	seave	rul	ONSET A	RETWEEN DEAT OF THE PROPERTY O
CERTIFICATION				NTRIBUTING TO DEATH E					GIVEN IN PA	PE	AS AUTOI REFORMED NO
_		MEDICAL EXAMINER) Y Manth, Day, Yea	r 20d. INII	IRY OCCURRED 20e.	PLACE OF INJURY	((Home form	206 (Ciby a	s towal		(Caunty)	(St
MEDICAL	Hour a. ft. p. m.	19	While	Nat while at wark	foctory, street, off	ice bldg., etc.	2	· rown,		(Caunty)	(5)
	21. I certify the olive on	t ottended the	deceased 19 6 Oct	O., and that dec	th occurred a	Emm1t	sburg	the causes et, city or tow	and on n, stote) rland	last saw the	
720	o. BURIAL, CREMATION			2c. NAME OF CEMETERY	OR CREMATORY	Emm1 t	sburg				
	REMOVAL (Specify) Burial Funeral director:	may 13,1	1960	St. Josep		DA DECIS	Emmi	0 04 050	g, Fr	ederi	ck (
	1.10.	Wilson	0, 1	Emmitsburg	, Md.	DATE MA	Y 1 3 '60	24D. KEC	SISTRAR'S S	I Track	

		797 CERTIFICA	
		· · · · · · · · · · · · · · · · · · ·	
,	Warner Marie		
	COLUMN TARREST CONCER A	Shoom Agains	
		not been	
			Table of Parties
	The state of the s		
		process of the second section	feet (a.) 16 (1 - Allean 1 (1)) and seek (1)
		B B B	A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		different of	caree d
	THE RESERVE		
The second state of the		A THE RESIDENCE OF THE PARTY OF	PARKET PROPERTY.

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05728 Reg. Dist. No

1. PLACE OF DEATH o. COUNTY	rederick		MARY	rland	2. USUAL RESIDENCE (V	where decess yland	sed lived. If institu b. COUNT		deric	
and give peacest town	outside corporate limits, write I Rural-R.F.D.		c. LENGTH OF STAY Years	IN 1b	c. CITY OR TOWN (F		porote limits, write -Rural-R.	11 -	re nearest to	own)
d. NAME OF HOSPIT	al or institution (if	not in hosp	oilol, give street addres	ss)	d. STREET ADDRESS / Ford	Road			ON	RESIDENCE A FARIA?
3. NAME OF DECEASED (Type or print)	First VIRO	E	Middle ALICE		CANNON	4. DATE OF DEATH	Month Ma			19 60
5. SEX Female	6. COLOR OR RACE 7	MARRIE			pril 21, 18	390	9. AGE (In years for birthday) yrs.	Months Day		Min.
during most of working	ON (Give kind of work do to life, even if relired)		t Home	INDUSTRY	Maryla Maryla		country)		USA	COUNTRY
13. FATHER'S NAME	David Wastle	er		1	4. MOTHER'S MAIDEN		Palmer			
15. WAS DECEASED EV	ER IN U. S. ARMED FORG (II yes, give war at dates of set		SOCIAL SECURITY NO.		Lybert P.	Canno	Address n-Same as	Item #	2	
Conditions, if a gove rise to imme (a), slating the cause tost.	diate cause underlying DUE 10 (c)_		Coro	na	y oce	che	sion		NTERVAL RETWONSET AND DE	siles
PART II. OTI	HER SIGNIFICANT CONDI	TIONS CO	INTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PART 1(AUTOPSY ORMED? NO
	NTRIBUTING []	DESCRIBE	HOW INJURY OCCUI	RRED. (Ent	er nature of injury in Po	rt I or Part II	of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Year 19	While		Oe. PLACE factory	OF INJURY (Home, farr r, street, office bldg., etc	m, 20f. (Cit	y or town)	(County)		(Stote)
	hot I took charge resulted from: N		_			_	nspection A ,	' '	_	nd in my
ACTUAL SIGNATURE	Book	02	nes	<u>. </u>	M.D. CHIEF MEDICAL E	-			DATE	SIGNED
EXAMINER'S NAME (Type)	B. O. Tho				DEPUTY MEDICAL	EXAMINER	¥		27/60	
220. BURIAL, CREMATIC REMOVAL ISpecify Burial	May 30, 1		22c. NAME OF CEMET Pleasant			Fre	derick Co	or county)	Mar Mar	yland
M. R. Etch	rs signature nison & Son,	Fred	ADDRESS derick, Mar	yland		D BY REGIST		STRAR'S SIGNA		

STATE OF LIVE OF STREET O'COL LO LETTER DESCRIPTION DE LETTER DE LETTE CARLOS ACRES El -ser de Anti-meno . T de ser . C . The comment of the One for 1960 I statement their country of the property of the 5756 CERTIFICATE OF DEATH

05729

1	PLACE OF DEATH a. COUNTY	Th 3		MARYLAND	a. STATE			lived. If institut b. COUNTY			ission)
1	b. CITY OR TOWN (IF	Frederick	ts, write	c. LENGTH OF STAY IN 16		Maryla		rate limits, write f		egany	wn)
	RURAL and give nee	orest tawn)						,		102.	47)
-	d. NAME OF HOSPITA		ive street	5 months	d. STREET		erland			e. IS R	ESIDENCE
	OR INSTITUTION	niek Hospi	+-7		208	Knox S	Street				A FARM?
71=	NAME OF	-	st)	/ Middle	_	ost	4. DATE	/ Ma	nth	Day	Year
	DECEASED (Type ar print)	In -	Jac	Sadie N.	Cooker	75	OF DEATH	Ma	7	4	1960
S.	. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In yeary last birthday)		YEAR IF UN	
	Female	White	WIDOWI	DIVORCED	Jan. 6,	1886		74 yrs.		11001	
10	Da. USUAL OCCUPATIO	N (Give kind of work on life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHE	PLACE (State	ar foreign c	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?
L	Housewi			Own home	Pe	nna.			U	SA	
13	3. FATHER'S NAME				14. MOTHER						
	George	Hayman			Cind	arella	a Piss	el			
15	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	2). UD		Add	dress		
	Yes, no, or unknown) (I	yes, give wor or dates or a		WA-242126	Mrs. Emm	a Buda	ay, Cu	mberland	, Md.		- 3-2
	Canditions, if on gave rise to in cause (a), stating t lying cause last.	mediate ()	arteris,	fåem.	mh	asl			2 d.	yr-
INCITATIBITIES	PART HOTH	aletes h	PITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED T	TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	PERI	S AUTOPSY FORMED?
- 1		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter nature	af injury in	Part I ar Par	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d. II White at war	Nat while	PLACE OF INJURY actory, street, affi			ar tawn)	(C	ounty)	(State)
	21. I certify that	(I) (this haspital) attend	ded the deceased from	may.	3_1, 19	60 . ta	hany 4	196	a that (1)	(we) last
	saw the decease	ed alive on 12	ky "	1960, and that	death occurre	ed at 6.1	M, from	the causes a	nd on the	date state	ed abave.
	22a. SIGNATURE	194	To	ire	M.D. ATTENDI	NG N	AED.	STAFF PHYS.	3	14/2	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)				22d. ADD	RESS	rede	uck /	hd		
2	3a. BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCA	TION (City, town,	ar caunty)	(S	tate)
	REMOVAL (Specify) Burial		960	Hill Crest B	urial Pa	nle	Cam	berland.	Md.		
2	4. FUNERAL DIRECTOR'S	0 17	700	ADDRESS	miai ra		D BY REGIS		ISTRAR'S SIG	NATURE	
	Byron K	ight	Cumbe	erland, Md.		DATE M	AY 9 '	60	lathur S.	Kenus	

TO HOSP LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 years ofter death. Pogemay be a sined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remaval, and in ony event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

Distot. helle they 3 fee may 4 60 G G Bane Frederick, M.d.

VS A15 (4) 15M 9/5B

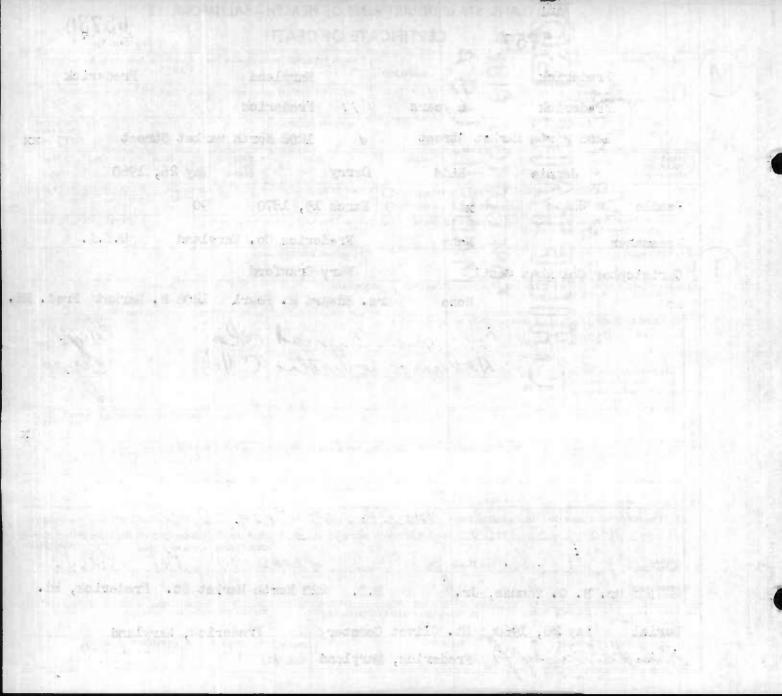
ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8

CERTIFICATE OF DEATH

M

115730

	575	7	CERTIF	ICAII	COFI	JEAI			Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY	rederick		MARYL		USUAL RESI a. STATE	DENCE (W		l lived. If institu b. COUNT	/	eder		ian)
DIIDAI and give nos	autside carporate limits prest town) rederick	, write c	6 years	ч 1ь		TOWN (IF		rate limits, write	RURAL and	give ne	arest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, give 208 North 1	e street od larket	s Street	1	d. STREET		North	Market S	treet			IDENCE FARM?
3. NAME OF DECEASED (Type ar print)	Jennie Jennie		Middle Kidd	De	lo T TY	st	4. DATE OF DEATH	May 26	, 196	60 Do	,	Year
5. SEX Female	7070 . 2 . 5	7. MARRIET	NEVER MARRIED DIVORCED		ate of Birt		70	9. AGE (In years last birthdoy) 90 yrs	Manths .	R 1 YEAR Days	Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION during mast of worki	N (Give kind of wark doing life, even if retired)	ane 10b. KII	NO OF BUSINESS OR	INDUSTRY		,		ryland		TIZEN O		OUNTRY?
13. FATHER'S NAME Christophe	r Columbus	Cecil		14	Mary							
15. WAS DECEASED EVER (Yes. no. or unknown)	IN U. S. ARMED FORC f yes, give war or dates of ser		None		rmant Edwar	d R.	Pearl	1208 I	dress Mai	rket	Fre	d. M
Canditians, if an gove rise ta im cause (a), stating the lying couse last.	mediate	se per line	for (a), (b), and (c).] rcinuma Leres -	Se	Cori	rod	<u>col</u> C. (in /).		2	ERVAL BE SET AND YEAR	TWEEN DEATH
CATIC	ER SIGNIFICANT COND		NTRIBUTING TO DEAT			[35]			VEN IN PA	RT 1(a)	PERFO YES	NO D
20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Haur a. m. p. m.	MEDICAL EXAMINER)		URY OCCURRED 2 Nat while	Oe. PLACE	OF INJURY , street, offic	(Hame, for	n, 20f. (City	or tawn)		(Caunty)		(State)
alive an	at I attended the 3 25 3 0 - 30 B. O. Tho	. 196	fram Mai		-5	3 A red		the causes a reet, city ar tawr	nd an th		stated DAT	
220. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	May 28, 1		Mt. Olive ADDRESS Frederick	t Cem	etery	24a. REC	Frede	RAR 245. REC	ar county)	nd IGNATU	(Stat	e)

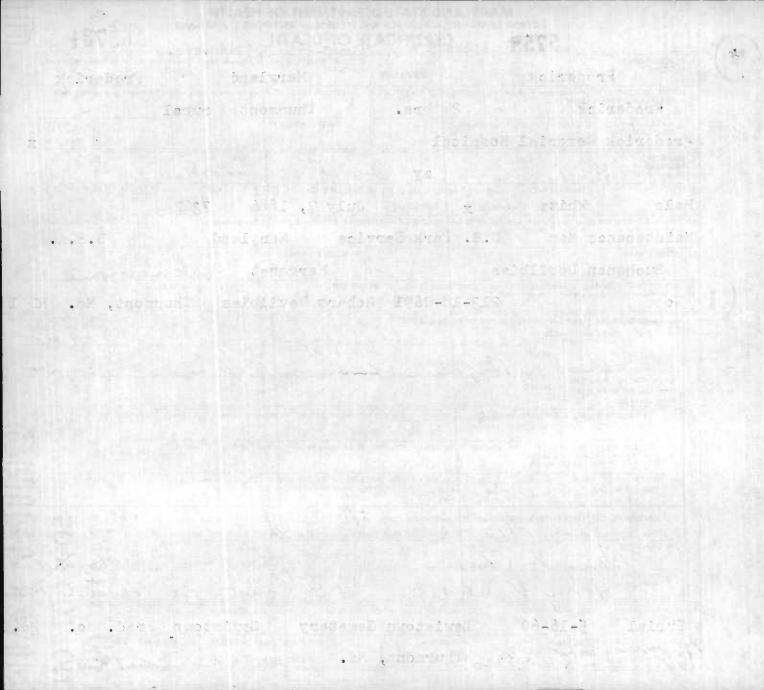


urs after deoth. Poge 4

VR A15 (4) 15M 9/59

05731

		Frederick	MARYLAND	Maryland Fre	ederick
	t	c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and Thurmont rural	give nearest tawn)
)		NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION REGERVANCE Memorial Hospital)	address)	/d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. 1	NAME OF SECEASED Type or print) Willis	Ray De	evilbiss 4. DATE Manth OF DEATH May	Day Year 1960
	5. S			last birthday) Manths	Days Hours Min.
		ale White WIDOWE		July 7, 1886 7867 yrs.	IZEN OF WHAT COUNTRY?
	M	during most of working life, even if refired) aintenance Man U.	S. Park Serv		U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Buchanan Devilbiss		Margaret Anbury	~
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		IFORMANT Address	
	1	No (If yes, give wor or dates of service)	13-18-0691	Robert Devilbiss Thurmon	t, Md. RD
-		18. CAUSE OF DEATH [Enter only one cause per lin	e far (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebral her	nowhages	24 hr.
		442 X DUE TO , ,			
		Canditians, if any, which) (b)	spectamine (bodiovasena disease	3 your
		gave rise to immediate DUE TO			
		lying cause last. (c)			
	CATION	Part II. OTHER SIGNIFICANT CONDITIONS <u>C</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	PERFORMED? YES NO
	CERTIF	206. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I ar Part II af item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. 19 While at wark	Nat while fac	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	Caunty) (State)
1		21 I certify that (I) (this hospital) attend	ed the deceased from	5/11 1960 to 5/13 196	O, that (I) (we) last
		saw the deceased alive an 5/12	19 60, and that d	leath accurred at 32M, from the causes and an th	
,		22a. SIGNATURE	1	M.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED May 13. 1960
		22c. PHYSICIAN'S NAME (Type) Heary V. (Chase	4 E. Church St Fre	derick, Md
	230	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town, or county)	(State)
		Burial 5-16-60	Lewistown (d. Co. Md.
	-	SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SI	GNATURE
1	110	Eymond & Treasur	Thurmont,	Md. DATE MAY 16'60 Calling	2 House
1	7	1			100000



VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

115732 Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	Frederick		MARYL	- 11	o. STATE	DENCE (W	E I CALL	d lived. If institut b. COUNTY		eric	admiss K	ion)
	RURAL and give no	If outside corporate limi earest town) Frederick	ts, write	c. LENGTH OF STAY	N 16	1 1			prote limits, write f	URAL and	give near	est fawn)
		CK Memorial				/ d. STREET					e		FARM?
3.	NAME OF DECEASED (Type or print)	NETT IF		Middle IRENE		DUV	ALL	4. DATE OF DEATH	Ma		12,		reor 19 60
5.	Female	6. COLOR OR RACE	7. MARR	NEVER MARRIES		DATE OF BIRT		1879	9. AGE (In years lost birthday) 81 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
100	during most of work Practial	king life, even if retired	dane 10b.	Nursing	INDUST	RY 11. BIRTHP	Maryl	1000-000	auntry)	12. CII		SA	COUNTRY
13.	FATHER'S NAME					14. MOTHER	S MAIDEN	NAME					
	Edwa	ard Houck			ш		Vi	rginia	a Kemp				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INI	ORMANT		- 6		lress			
{Y•	s, no. or unknown)	(If yes, give wor or dates of s	ervice) 2	15-34-6681	M:	r. Ever	est F	Due:	11: RFD	# 1,	Mt.	Adam	7
H	18. CAUSE OF DEA	ATH Enter only one co	use per li	ne far (a), (b), and (c).}						// 9		RVAL 8E	
		TH WAS CAUSED BY:	18	o chiel	1111	RALL	1.2				ONSE	TAND	DEATH
	11133	IMMEDIATE CAUSE (o	-	1.66	Carro	1000	,				10000	2.6	
	Conditions, if a	2 1	2,	Trancur	al	Attura	ula	e-th-			122	rear	2
	gave rise to i	mmediate (,	- 6 000		0000	0.4				1/2		461
	lying cause last.	the under-	. //	unculla	100	while	Fall	ini			-	61 Con	its
z		HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	O THE TERM	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19	WAS	AUTOPSY
CERTIFICATION	aller	inclust	ié é	cardes 1	45	outer	ile	seas	(PERFO	NO Z
	OR CONTRIBUTING	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture	af injury in	Port I ar Pa	rt II af item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED Not while k of work	20e. PLAC facto	CE OF INJURY Iry, street, office	(Home, far te bldg., et	m, 20f. (Cit c.)	y ar town)	(1	County)		(State)
	21. I certify th	nat I attended the	deceas	ed from Tuck	4.	, 195	_ ta	French	12, 196	that I	last sa	w the	deceased
	alive an	eary 11	, 190			occurred at	8:35	A M, fra	m the causes	and an t	he date	e state	ed abave
		16 .1	17	11. 11					itreet, city ar lawn,				ATE SIGNED
	ACTUAL SIGNATURE	(west (7-1	Villetin	C M	.D					3	1/3	16.0
	PHYSICIAN'S I	or. Ernest	A. De	ettbarn		Walk	ersvi	lle, N	aryland		7	5/	13/60
220	Burial, CREMATIC	5/15/60	F	22c. NAME OF CEME		CREMATORY Stery			TION (City, town, lkersvil		aryl	(Stote	e)
23.	FUNERAL DIRECTOR M.R. Etchi	s signature Leon & Son;	Fred	ADDRESS lerick, Mary	land	l	240. REC	D BY REGIS	JRAR 24b. REG	STRAR'S SIG			

THE PARTY OF THE Total Printing of Conference and Conference and articles of the later of the same of the s out - ve entire Weiltereville, ellergetief

WARY LAND STAYS DEPARTMENT OF HEALS IS DAY ON BY

STED COMPONENTS and soften James Europe Lalle - Alle - Al 12 Total Comment of the Comment of t merchanic chamber in the bert A Part of the Control Charles I. V. Lecture We will seem that cot still floor, select and application

manufacture, for the late of the comments of t

Selected Action

TO HOSP C. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be lined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremotian, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/5B

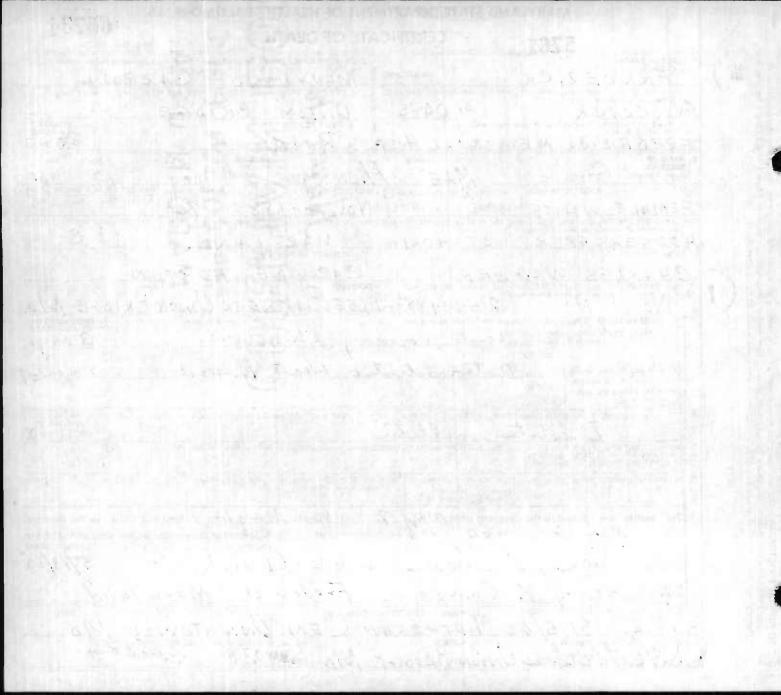
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5761

			C	6	J	1
Rea.	Dist.	N	0.			

	ACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admission)
	FREDERICK	MARYLAND	MARYLAND	CARROLL
b.	CITY OR TOWN (If autside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	s, write RURAL and give nearest town)
F-18	EDERICK	4 DAYS	UNION BRID	GE 06X-2
d.	NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
F	REDERICK MEM	DRIAL HOSE	RURAL	YES NO
3. N	AME OF First	Middle	Lost 4. DATE	Month Day Yeor
	ppe or print) Grace	MAF /	-lickinger DEATH In	lay 12 1960
5. SE	X 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F	EMALE WHITE WID	OWED DIVORCED	Nov. 16-1889 1051	orthody) Months Doys Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
4	DUSEKEEPER	AT HOME	MARYLAND	U.S.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
10	PHARLES WAG	VER	CAROLINE HO	RTON
15, V	VAS DECEASED EVER IN U. S. ARMED FORCES? no. of unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT	Address
1	No No	214-30-1883~	LEE LICKINGER U	NION BRIDGE MD
1	8. CAUSE OF DEATH [Enter only one couse po	er line for (o), (b), and (c)-]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Leute Coror	any thrombosis	ONSET AND DEATH
	420.0 DUE TO		. / . / . 2	
H	Conditions, if any, which) (b)	rterioselen	tie / Seart / isea	e 5 yearst
Ш	gove rise to immediate couse (a), stating the under-			
	lying couse lost. (c)			
NO N	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	Diabetes	- mellitus		YES NO
RIF	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURR	D. (Enter noture of injury in Port I or Port II of ite	m 18.)
L CERT	IF EITHER, NOTIFY MEDICAL EXAMINER)		Guille Manager	
			ACE OF INJURY (Home, form, 20f. (City or town ctory, street, office bldg., etc.)	(County) (Stote)
MEDI	10	hile Not while work at work		
2	21. I certify that I attended the dec	eased fram Mass 9	, 1960, to May 12	1960, that I last saw the deceased
	olive an May 12, 1	9 60, and that death		uses and an the date stated above.
	3/	- //	ADDRESS (Street, city	or town, stote) DATE SIGNED
	GIGNATURE Lenny	· Chase	M.D. 4 Er Church	St 5/13/60
	PHYSICIAN'S	01	- 1	/ /
l i	NAME (Type) /- PATY	(hase	tredevick N	lary land
	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATON (CI	ty, town, or county) (Stote)
KI	URIAL 5/15/60	NUTHERA	N CEMINIDAT	TOWN MD
23. FI	TERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR 2	24b. REGISTRAR'S SIGNATURE
1	V. Honsell Jone	WIDN DRINGI	DATEMAY	Cooling &



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	579		CERTIFIC	ATE OF	DEATH	1		Reg. Dis	157	35
1. PLACE OF DEATH o. COUNTY	rederick		MARYLAND	2. USUAL RES		ere decessed	lived. If institution b. COUNTY	on: Residence		
RURAL and give n	If outside corporate limited earest lown)		c. LENGTH OF STAY IN 16 3 Months	c. CITY OR			te limits, write RI-Rural-R		ive nearest t	own)
	TAL (If not in haspital, g		address)	d. STREET	ADDRESS Wiston	VII.			0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fin JO		Middle HENRY		GLE	4. DATE OF DEATH	Man		Doy 26,	Year 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED D	8. DATE OF BIR			AGE (In years last bighday) yrs.		Days Ho	NDER 24 HRS. Urs Min.
10o. USUAL OCCUPATION during most of wor Laborer	ON (Give kind of work of king life, even if retired)	one 10b.	KIND OF BUSINESS OF IND	USTRY 11. BIRTHE		ar foreign cou yland	ontry)	12. CITI	USA	HAT COUNTRY
13. FATHER'S NAME	Ephriam Fo	gle		14. MOTHER'			lbaugh			
15. WAS DECEASED EVE [Yes, no or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of st			informant ir. Raymo	nd Fo	gle, Fr	8 Eastdo	Mary	Stree	t
PART I. DEA	ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	A	ne for (a), (b), and (c).]	Three	ml.	osia			INTERVAL ONSET A	BETWEEN ND DEATH
Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate Dus TO	7	Supertin	non			4 800		272	7
<u> </u>	HER SIGNIFICANT CON		ONTRIBUTING TO DEATH BU					EN IN PART	PE	AS AUTOPSY REORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour o. m. p. m.	RY Manth, Day, Yea	While	Not while at work	PLACE OF INJURY octory, street, office	(Home, farm te bldg., etc.	, 20f. (City o	or Iown)	(C	ounty)	(State)
actual signature	not I attended the	decease _, 196	ed from Manual Company and that deal	h accurred at	127 ession	M, fram ADDRESS (Sire	the causes a set, city or town,	nd an th	e date st	
220. BURIAL, CREMATIC	B. O. Thoma		D. 22c. NAME OF CEMETERY		lerick	Mary]	and	or county)		State)
Burial (Specify)	May 28,1	960	Mount Olive		1	Fre	ederick,		Mar	yland
23. FUNERAL DIRECTOR M. R. Etc.		, Fre	ADDRESS ederick, Mary	land		D BY REGISTR		trar's sig		

DATE MAY 3 1 '60

ety fill. In by the funeral director, Pages I and 2 shauld be filed with may be used by the hospital or attending physician.

• FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO FUNE

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

A PRESENT MARKET STATE SALE BUT THE SECOND STATE OF THE PROPERTY OF THE PROPERT Lar. a canal a cono : con a cono a canal a cono Selection of the Selection ALTERNATION OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the gold director. Page 4 show as forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be reged for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in approved, within 72 hours after death.

X

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	(1:	55	7	3	6
Reg.	Dist.	Ne	· ·			9

	PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick							
	b. CITY OR TOWN (If outside corporate limits, write RUPAL c. LENGTH OF STAY IN 1b and give negrest town) JailWest South St.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)							
	3. NAME OF DECEASED (Type or print) Garland Leomer	Forrest 4. DATE Month Day Year 5 25 19 60							
	5. SEX Male 6. COLOR OR RACE Widowed Divorced 1. Married Never Married 6. 8. White Widowed Divorced	Do not know 9. AGE (In year) 15 UNDER 14EAR 1F UNDER 24 HRS. Months Days Hours Min.							
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None None 13. FATHER'S NAME George H. Forrest	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Winona Gaier							
)	IVes an er unknown) s (If was nine war as dates of service)	Address arroll H. Forrest, Brunswick, Maryland							
	couse lost. (c) Chronic Alcoholi	rial Endocarditis							
S. Carrier	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Er PRIMARY OF DEATH.) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC	The nature of injury in Part I or Part II of item 18.) IE OF INJURY (Home, form. 20f. (City or town) (County) (State) rry, street, affice bldg., etc.) The nature of injury in Part I or Part II of item 18.)							
	ACTUAL SIGNATURE BOOTHOMES	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER [7] 5/25/1960							
	NAME (Type) 220. BURIAL CREMATION, REMOVAL (Specify) BURIAL 5-27-1960 Park Height	CREMATORY 22d. LOCATION (City, town, or county) (Stote)							
	23. FUNERAL DIRECTOR'S SIGNATURE Brunswick, Maryland	240. REC'D BY REGISTRAR 246. REGISTRAR'S GIGNATURE DATE JUN 1 '60 ariling S. Kraus							

MEDICAL EXAMINERS CENTRICATE DE DEATH PROBLEM TO A SECOND OF THE PARTY OF THE PART distributed the state of the state of the state of silve teld faido hed esto a ditte - Hanna all bishok w The second state of the second male that offered differential See The Control of the Control

FOR STATE HEALTH DEPT.

delay is necessory, please front director. Page front for your files. E State Board of Health, TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours offer death. If ony delay is executed to certificote, writing the ward "pending" in pendil in Item. 18. Give Pages 1, 2, and 3 to the second should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cemotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5762 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

37 7 (15 Reg. Dist. No.

1. PLACE OF DEATH	ederick	м	ARYLAND	2. USUAL RESIDENCE a. STATE TILE	(Where decease		Fulto:	
b. CITY OR TOWN (If	outside corporate fimits, writ	c. LENGTH OF ST	TAY IN 1b	E. CITY OR TOWN			RURAL and give a	nearest lawn)
		of not in hospital, give street and al Hospital	dress)	d. STREET ADDRESS Dublin	Twnshp			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Roy	C		Fraker	4. DATE OF DEATH	May 2		Year 19 60
5. SEX Male	White	7. MARRIED NEVER MAR	ED 🔲	April 5, I	897	9. AGE (In years fost birthday) 63 yrs.	Manths Days	Hours Min.
Constru 13. FATHER'S NAME	ctor wor		er	Pa. Bu	rnt Ca	bins	U.S.	A .
15. WAS DECEASED EVI	W.B. Frall	RCES? 16. SOCIAL SECURITY I	- 1	Lilly Mormant Or. Frank		Address	i Pa	•
Conditions, if a gove rise to immed (a), stating the scouse fost.	inderlying DUE TO	torn brain	tiss hest					6 hours
PART II. OTH 20c. EXTERNAL CAU RRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR 5-100 022 5-100 022	Y Month, Day, Yes	Auto he was 20d. INJURY OCCURRED While Not while of work of work	driv:	ing turne	d in f	ront of		or tract
The second second	resulted from: 1	e of the remains descri	ccident 5		Hamicide	, Undete	Inquiry rmined manne	DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	5/25/60 S SIGNATURE	OF 22c. NAME OF CE		emetery 246. REC		Cabine AR 246 REGIS		n CoPa

Cidly d Lings of the control of the TO . ESTINATION CARREST DOLL CHARLEST MARKET LAND Name of the Oct of the Oct of the Oct of the To be to the first to be the first to the fi MANUFACTURE OF THE PROPERTY OF THE SHOOT SHARE OF LINES SHOW AND ADDRESS. Andrew Transport in the control of t TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNE

VS A1S (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5801

CERTIFICATE OF DEATH

(15738 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Fred	lerick		MARYLAND	2. USUAL RESI	DENCE (WI	here decease				admission)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16 Since 2-60				orate limits, write R	URAL ond gi	ve neare	st town)
OR INSTITUTION	Convalescer			S. DATE OF DEATH Day S. DATE OF DEATH Day S. DATE OF DEATH Day S. DATE OF DEATH S. DATE OF DEATH S. DATE OF DEATH S. DATE OF WHAT OF WHAT					IS RESIDENCE ON A FARM? YES NO K	
3. NAME OF DECEASED (Type or print)	Fir WAI	TER	Middle FRANK		st	OF				Year 19 60
s. sex Male	6. COLOR OR RACE White	7. MARRII	ED NEVER MARRIED DIVORCED DIVORCED				by birthday)			
oo. USUAL OCCUPATI dyring most of wor Retired Fa	ON (Give kind of work rking life, even if retired ITMET	dane 10b. K	arm Owner							WHAT COUNT
3. FATHER'S NAME										
David C.					R. F	easter				
(Yes, no or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)			_	10				
No		N	one Wi	Iliam E.	Fry	(Same	as item	#2)		
Conditions, if a gove rise to couse (o), stoting lying cause lost.	the under-	, a	aserice	Ser	era	lze	A Sheen	selo	81	527
<u> </u>								EN IN PART		WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	KIBE HOW INJURY OCCURRE	tD. (Enfer nature o	of injury in	rori I or rar	T II OT HEM IB.)			
20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. IN While at work	Not while fo				y ar tawn) /	(Ce	ounty)	(Stat
21. I certify to alive on	hat I attended the	decease , 19 4	od from Too	Total Land	3:25A	ADDRESS (S	n the causes o	and an th	e date	
PHYSICIAN'S A	. T. Brice,	M. D								
220. BURIAL CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREO)F	22c. NAME OF CEMETERY C						1	(Stole)
23. FUNERAL DIRECTOR M. R. Etc		, Fre	ADDRESS derick, Maryl	and	24a. REC		TRAR 24b. REGI		NATURE	u.A

			sol about
		NA A A BENESAR DE LA SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO DEL SERVICIO DE LA SERVICIO DE LA SERVICIO DE LA SERVICIO DE LA SERVICIO DEL SERVI	Take for expected
	Albertage a	contain the contain	
			The second second
in notice multi			PARTY OF MARKET HE
			Company of the Compan
10 10x1	£197.0		
	A STATE OF		A STATE OF THE STA
			. The state of the
			0-1-1

urs after death. Page 4

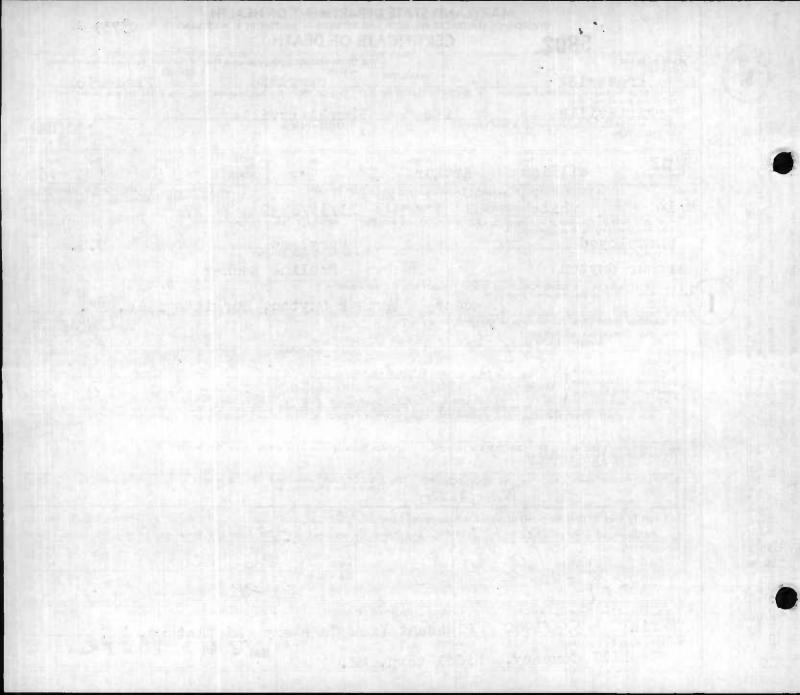
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5200

05739

000				
1. PLACE OF DEATH a. COUNTY	AA A B VI AA IB	2. USUAL RESIDENCE (When o. STATE	e deceased lived. If institution b. COUNTY	n: Residence before admission)
Frederick	MARYLAND	Marylan		Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	ide corporote limits, write RL	JRAL and give nearest town)
Burkittsville	life	∧Burkittsvi	lle	
 NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print) William	Arthur	They lost	OF DEATH Mant	
5. SEX 6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.
male white wipow	ED DIVORCED	11/17/1932	27 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane lob. during most af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	fareign country)	12. CITIZEN OF WHAT COUNTRY?
unemployed		Maryland		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Arthur Guyton		Pauline	Zecher	
No. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	NFORMANT	Addr	ess
no	none Ar	thur Guyton,	Burkittsvi	lle. Md.
18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Lecunous	Cas		ONSEL AND DEATH
353.3 DUE TO		-, 2)		1
Condition (Consential)	100 melerile	Tress	ure ulee	25 14N
gave rise to immediate	B	20	10 /	1 1/2
lying cause last.	evere Epil	424/24/	meefixales	18 20 gr
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO/DEATH BUT	NOT RELATED TO THE TERMIN.	al disease condition giv	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Part II of item 1B.)	
2		ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour a. m. While at war	NOI WILLE	ciary, street, office blag., etc.)	Section 1 states	
21. I certify that (I) (this haspital) attend	ded the deceased from	april 25196	Ota May	L., 1960, that (I) (we) last
saw the deceased alive on aforth		/		d an the date stated above.
220. SIGNATURE	1			22b. DATE
U. Lin.	rie.	M.D. ATTENDING MED DIRE	CTOR STAFF	SIGNED
22c. PHYSICIAN'S NAME (Type)	PIRE	22d. ADDRESS	Serson	Ma
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 2	3d LOCATION (City, town, o	or county) (State)
5/3/1960	Pleasant V	iew Cemetery	Middletow	m Md
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D		TRAR'S SIGNATURE
Gladhill Company,	Middletown.	Md DATE	AY 4 OU	influed & Thomas

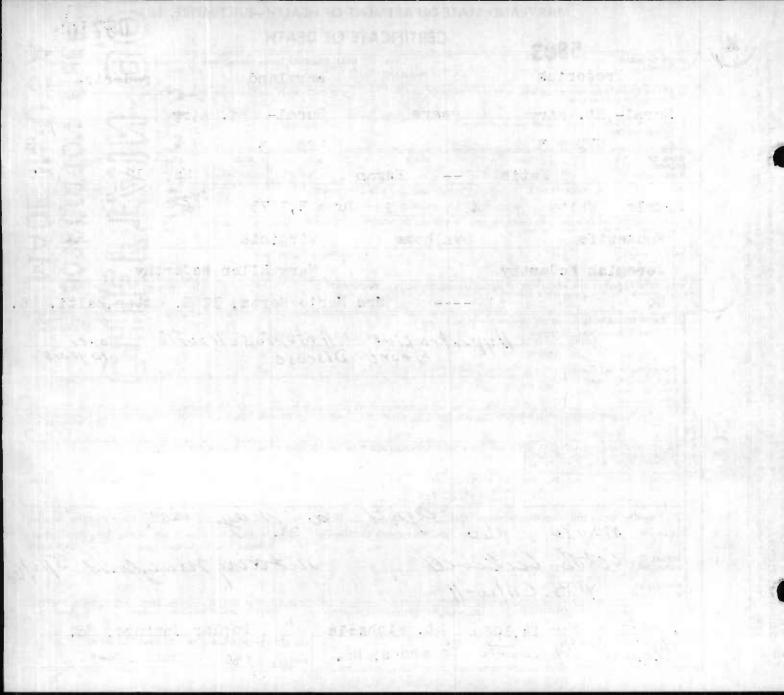


		5000		CERTI	IFICAT	E OF D	EAII			Reg. D	ist. No		10.3
	PLACE OF DEATH	ederick		MAR	YLAND 2.	n. STATE	ence (wi		l lived. If instituti b. COUNTY	ion: Resider	nce befo	re admissi	ion)
ŀ	RURAL and give ne		ts, write	c. LENGTH OF STAY	IN 1b	× -			rate limits, write i	RURAL and	give ne	arest town	1)
(Hural- d. NAME OF HOSPIT, OR INSTITUTION	NIT. A1 PV AL (If not in hospital, g RFD # 3	ive street o	vears oddress)		d. STREET AD		→Mt.	Airy			e. IS RESI ON A YES	FARM?
[NAME OF DECEASED (Type or print)	Fir Kat		Middle	Hagar	Last		4. DATE OF DEATH	May	12	Do		Year 19 60
5. 9	Fema le	6. COLOR OR RACE White	7. MARRI WIDOWE			ATE OF BIRTH	3,18		9. AGE (In years last birthday) 6 yrs.	Monthe	R 1 YEAR Days	1F UNDE Hours	R 24 HRS Min.
10a	. USUAL OCCUPATIO during most of work Housew	N (Give kind of work of ing life, even if retired 110	done 10b.	Own hom			. ` .	or foreign co	ountry)	12. CI1		FWHATC	OUNTRY
13.	father's Name Jeremi	ah McCart	hy		1	4. MOTHER'S A			n McCar	thy	'n.	4	E
19.	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of a	CES? 16. S	SOCIAL SECURITY NO		rmant B Mari	э Ме	ertz,	37 E.	dress Oste:	n,B	alti	. M
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	11			+ Ar	tor	10.50	levotio		ON	ERVAL BE SET AND	TWEEN
	Conditions, if ar gave rise to in cause (a), stating I lying cause last,	nmediate (15-	part	Dise	ese				10	yed	rs
CATION		ER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THETERM	INAL DISEASI	E CONDITION GI	VEN IN PAI	RT 1(a)	PERFO	AUTOPSY RMED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	OCCURRED. (E	nter nature of	injury in	Part I or Part	t II of item 18.)	- 5:			
MEDICAL	20c. TIME OF INJUR' Hour a.m. p.m.	Y Month, Day, Yea	20d. IN While at wark	Not while	20e. PLACE factory	OF INJURY (H., street, office	ome, farn bldg., etc	n, 20f. (City	or town)	((Caunty)		(State
	21. I certify the alive an	at 1 attended the 124 10 W.B. C	/	ed fram Cy ea, and that well	death ac	, 19.60, curred at		M, from	the causes ar reet, city ar tawn,	nd an th		e stated	
22a	BURIAL, CREMATION REMOVAL (Specify) Burial			22c. NAME OF CEM	ETERY OR CE			no.	rion (city, town,			(State	e)
23.	FUNERAL DIRECTOR		,196	ADDRESS Damas		Md	24a. REC	D BY REGIST	RAR 24b. REG	ring ISTRAR'S SI Chua S.	IGNATU		

with by the funeral directar, d 2 should be filed with Pages 1 and TO HOSP! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58

rs after death. Page 4



05741

	0131				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	O STATE	Where deceased lived. If instituting the country land b. COUNT	orion: Residence before admission) Frederick
b. CITY OR TOWN (I RURAL and give no Thurmont		c. LENGTH OF STAY IN 16	1	f outside corporote limits, write	RURAL ond give nearest town)
d. NAME OF HOSPIT OR INSTITUTION Own Ho	AL (If not in hospitol, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MORRIS	HOWARD H	HAHN Lost	4. DATE MOF DEATH ME	onth Day Yeor BY 29 19 60
5. SEX male	2 4 4	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH Sept. 21,	9. AGE (In year lost, birthday)) Months Doys Hours Min.
Laborer	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11. 8IRTHPLACE (Sto		12. CITIZEN OF WHAT COUNTRY?
	Hahn R IN U. S. ARMED FORCES (If yes, give war or dates of service		14. MOTHER'S MAIDEN Sar INFORMANT arggret C.	ah A. Sweene	ey ddress rmont, Md. RD
Conditions, if o gove rise to i couse (a), stating lying couse last. PART II. OTHER	mmediate DUE TO (c)	ONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TER	MINAL DISEASE CONDITION C	SIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO } \text{ID NO } \text{ID}
20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year		RED. (Enter noture of injury in PLACE OF INJURY (Home, for factory, street, office bldg., o	orm, 20f. (City or town)	(County) (State)
	at I attended the de ay 27	ceased from May 19 6 , and that dear	M.D. Therm		29that I last saw the deceased and an the date stated abave. n, stote) DATE SIGNED May 30-6
220. BURIAL, CREMATIO REMOVAL (Specify) BUR 18 1 23. FUNERAL DIRECTOR	5-31-60	22c. NAME OF CEMETERY Blue Ridge ADDRESS	Cemetery	22d. LOCATION (City, fown Thurmont C'D BY REGISTRAR 24b. REC	
Raymond E.	(Creager)	Thurmont, Md	• DATES!	UN 1 '60 a.	other S. Krous

VS A15 (4) 15M 9/58

ind mobing	Seniores - marin	Selesies i
Lynne L	(n) - 1 - 1	t do nem "
		Valle Horse
62 ==	CAR COAR COARCE	Taleshou.
	X	et iv
	,	
201108	• 1. 2. E. 3.	rufe
, , ,	adal .U feragnal (198-20-319	
	bear well end memoral	Trees E. Are

ours after death; Page 4

requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(State)

Maryland

		5763		CERTIFI	CAT	OF DEATH	1		Reg. Dist. N	742
1.	PLACE OF DEATH o. COUNTY Fr	ederick		MARYLAN		USUAL RESIDENCE (WHO STATE Mary)		b. COUNTY		efore admission) derick
	b. CITY OR TOWN (If or RURAL and give neare Frederick		write	c. LENGTH OF STAY IN	1b ×	c. CITY OR TOWN (IF a		orote limits, write RU	IRAL ond give I	nearest fown)
	d. NAME OF HOSPITAL OR INSTITUTION Frederick				1	d. STREET ADDRESS Rock Ha.	ll Mar	nor		e. IS RESIDENCE ON A FARM? YES DE NO
3.	NAME OF DECEASED (Type or print)	First MART	HA	Middle GORDON		Lost HARRIS	4. DATE OF DEATH	Mont May		Day Yeor
5.	SEX 6. Female	Dam 0.1	MARR	DIVORCED		ate of Birth stober 25,	1884	9. AGE (In years lost birthdoy) 75 yrs.	Months Day	AR IF UNDER 24 HR
104	during most of working House-wor	life, even if retired)	ne 10b.	At Home	NDUSTRY		or foreign o	country)	12. CITIZEN	USA
13.	FATHER'S NAME Rob	ert Gordon			1.	Mary		ızen		
	WAS DECEASED EVER IN No. or unknown) (If y	N. U. S. ARMED FORCE es, give war or dates of serv			7. INFO	Robert D. 1	Harris	Address - Same a		#2
	PART 1. DEATH Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	WAS CAUSED BY: MEDIATE CAUSE (e) DUE TO which (b) ediote	Ce	eneral med	lar f	Accidents Arterioscle	, Mc	itiple		YEARS
CERTIFICATION			136,		0515	3			EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO.
	200. ACCIDENT WAS U OR CONTRIBUTING D (IF EITHER, NOTIFY ME	CAUSE OF DEATH	Db. DESC	CRIBE HOW INJURY OCC	JRRED. (E	nter noture of injury in	Port I or Po	rf [[of item [B.]		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 19	20d. IN While at work	Not white	e. PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc	n, 20f. (Cit	y or town)	(Count	ty) (Stote
	actual SIGNATURE	ihard C	. 12	ed from August		Washxing 9 E. Chu	• M, fra Address (:	Street, city or town, s	nd an the c	

NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) May 16,1960 Rose Hill Cemetery Cumberland, 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cirimo S. Krous DATMAY 1 7 '60 Etchison & Son, Frederick, Maryland

TO FUNI VS A15 (4) 15M 9/55

page 3 shaul

No. of the same	HTARU NO BIAD		
Market Committee			
	A Transfer of the Altres of Special A	THE SAME OF THE PARTY OF STREET	
	THE RESERVE OF THE PARTY OF THE	Low Labor 1	
	CONTRACT OF STREET		
SECOND HIND HOP 2 IN year			
			example elmots
ARELIAN WINNESD LIFE			
	A STATE OF THE STA		THE ATLERANCE OF STREET
	n de la composición del composición de la compos		SHOW I WAS A STREET OF THE STREET
			The Control of the Co
	and the met of a first had become its		
	ten min katale yeni		

deoth.

within

		1373
	Anna et esta a Colonia a mili el	
	The second secon	
Edit of way the Line of 191 B Saleta MAD All the Private of B MAD		nessee per beautiful 1 teilt gliese 1. (1)
		AND SECTION AND SECTION ASSESSMENT
		10 feet 12 50 feet 12
All Disco to Bridge Act	Augusta account	THE SHALL SALES

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 his executed certificate, writing the ward "pending" in pencil in Item, 18. Give 4 should be farwarded to the Chief Medical Examiner's Office along with farm TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File or its designated agent, priar to burial, cremation, or removal, and in any exe

VS. A15ME 5M 2/57

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH .05744

	ACE OF DEATH COUNTY	Frederick		MARYL		o. STATE Ma	(Where dece				ore odmission)
	ond give represt town)	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If outside co		RURAL ond	give ne	corest town)
	NAME OF HOSPITA		If not in	hospital, give street oddress)		d. STREET ADDRESS		cond Stre	eet		e. IS RESIDENCE ON A FARM2. YES NO
DE	AME OF CEASED pe or print)	LEON		Middle ELSWOR	TH	HOSSLER	4. DATE OF DEATH	May	h	Doy 1,	Yeor 19 60
5. SEX	Male	6. COLOR OR RACE White		RRIED NEVER MARRIED WED DIVORCED	-		808	9. AGE (In years for birthday) yrs.	Months	Days	IF UNDER 24 HRS. Hours Min.
10a. U	ing most of working Fireman	g life, even if refired)		b. KIND OF BUSINESS OR IN	IDUSTRY		ote or foreign vland	country)		USA	WHAT COUNTRY?
13. FA	THER'S NAME Jesse	S. Hossle	r		1	4. MOTHER'S MAIDEN	lice W	altz (
[Yes, no		ER IN U. S. ARMED FO		16. SOCIAL SECURITY NO. 214-10-2164		ormant . Virginia	. Hossl	.er-Same a		m #2	2
9	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO hy) which fiote cause		ine for (o), (b), ond (c).] CORONARY THR Aretrio-Stkt		100000000000000000000000000000000000000	r Heart	Disease			Ald BETWEEN AND BEATH ALD TEATH ALD TEAH ALD TEATH ALD T
CATION	ouse lost.	(c)	DITIONS	S CONTRIBUTING TO DEATH					VEN IN PART		PERFORMED?
	AUSE OF DEATH. Oc. TIME OF INJUR Hour o. m. p. m.		W	Od. INJURY OCCURRED 20e /hile Not while t work of work	- PLACE factory	OF INJURY (Home, fo , street, office bldg., e	orm, 20f. (Ci	ly or town)	(Cou	nty)	(Stote)
0	pinion death		Naturo	ne remoins described of couses A Accide			Homicid		, Inquir		ond in my r DATE SIGNED
E	EXAMINER'S NAME (Type)	B, O. Thom				ASSISTANT MED DEPUTY MEDICA	ICAL EXAMIN	ER 🗍	Shi		5/4/1960
B	BURIAL, CREMATIO REMOVAL (Specify) Urial JNERAL DIRECTOR	May 5, 1		Mount Oliv		Cemetery	Fre	ATION (City, town, ederick,			(State) yland
			, Fr	rederick, Mary	lane		C'D BY REGIS	00	STRAR'S SIG		

State of the state		
		of the second
	amped Grand Married Alle	
	TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	
54 377,46	Marie San San	C.E.
		Allega lava de la lava (El
1		
	de 1- Intro	
	de 1- Intro	

FOR STATE HEALTH DEPT.

Give Poges h form PM3. File pages

> er's Office al burial-transit

> > cremation,

pe

pino

Page

RECTOR:

O

FUNERAL

2

haymond

Creager

0

shou

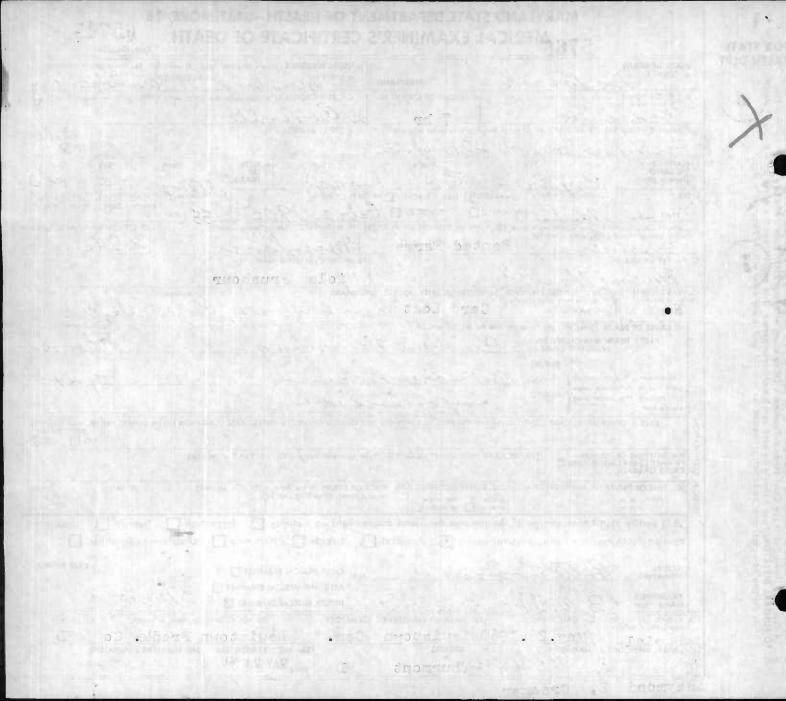
VS. A15ME

edical Examiner

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5.76 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

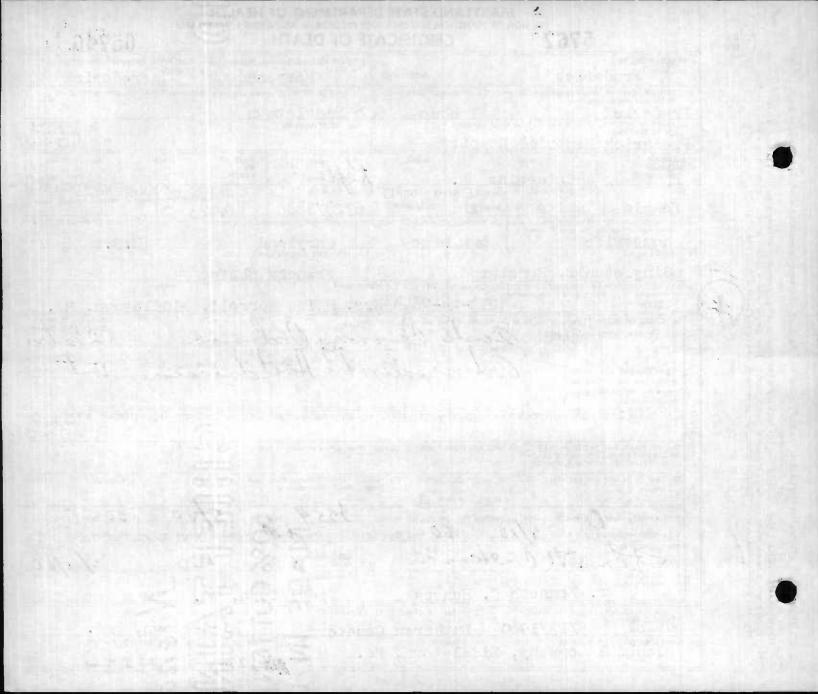
Reg. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give flearest town) and give nearest town) OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Lost Month DECEASED (Type or print) DEATH 1956 9. AGE (In your 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 3. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Months Days Hours WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Rented Farms tarmer, 13. FATHER'S NAME Viola Frushour R IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ves, trive war or dates of service) Card Lost 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES [NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. at work at wark 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . and in my apinion deoth resulted from: Natural causes . Accident ., Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) May. 26. I960 Lewistown Cem. Lewistown Fredk. MD Runial 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 2 6 '60 arthur S. Kraus MD



ge 4	ctar,	with	1	G	1
th. Pa	al dire	e filed			
ter dea	e funer	anld b	4		
Purs of	n by th	nd 2 sh	C	*	- Charles -
in 24 h	filled	ges 1 a	eath.		
d with	pletely	rs. Pa	after de		
execute	nd cam	n pape	haurs		
ate be	ician a	e carbo	ithin 72		-
certific	g phys	remay	vent, w	1	
death	attendin	please	n any e	/	/
nat the	y the o	Then	, and i		
uires th	gned b	permit.	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.		
aw req	ysician. been si	transit	an, ar r		-100-
I: The	ing phy te has	burial-	rematic		
SICIAN	attend	as the	urial, c		
G PHY	r this c	far use	ar ta b		
ENDIN	he has R: Afte	ached	alth pr	1	1
R ATT	RECTO	be det	d of He		
0	RAL DI	shauld	e Board		
HOSP	FUNER	oge 3	he State		
TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 4	may be need by the haspital ar attending physician.	4)	-	1	0
15	M 9/5	9			

	0101	CERTIFIC		OI DEATH			U	100	21)	
1. PLACE OF DEATH	leri ck	MARYLAN		g. STATE	-	d. If institution b. COUNTY				ian)
		T TENEDELL OF STAY IN I				1 14 14 DI				1
RURAL ond give ne	autside carporate limits, write	C. LENGIH OF STAT IN I	Ь	c. CITT OR TOWN (IF a	utside carporate i	imits, write Ku	JKAL ond (give near	rest town	,
Frederick		1 hour	X	Middleto	own					
d. NAME OF HOSPITA	AL (If not in hospitol, give street	oddress)		d. STREET ADDRESS					IS RES	FARM?
9-9 9 9 9	Memorial Ho	spital								NO 🔯
3. NAME OF	First	Middle		1 , Just	4. DATE	Mant	th .	Day	,	Year
(Type ar print)	Catherine	R.	T.	epler	DEATH	5			10	19 60
S. SEX		IED NEVER MARRIED	7 B. D.	ASE OF BIRTH			-	1 YEAR	IF UNDE	R 24 HRS.
female				128/1886	lo	st birthday) クマ yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	7	ar fareign country	1)	12. CITI	ZEN OF	WHATC	OUNTRY?
3 0	0.	own home		Marvlan	Б		TT S	C C		
13. FATHER'S NAME		OWIL HOMO	14	W/			1.12.6.1	-		
Singlet	on E. Remshu	י ס		Frances	Shafe	دار				
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.		7. INFOR		Sild C		ess			
N. C.	(If yes, give war or dates of service)	13-24-7844	Mrc	. Hilda K	orrell	Midd	ate FF	מעדר	Mc	1
	TH Fester only one course per liv		Add to	o marada n	011011	· Hat Cit	11000		*	TWEEN
			-	1. 1/2	// -					
1211	IMMEDIATE CAUSE (a)	me Con	non	my vcc	choro	7		~	12.	w
490	DUE TO	1 /	7	19 11 .	11.				6	
		Ansock	200	the Aller	A dral-	tal-		W	Ma	now
	DILETO									
lying cause lost.	(c)						1111			
Z PART II. OTH	ER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PAR	T 1(a) 19		AUTOPSY RMED?
CATI										NO [
	S UNDERLYING 20b. DES	RIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in I	Part I or Port II a	fitem 1B.)				
OR CONTRIBUTING	MEDICAL EXAMINER)									
ZOc. TIME OF INJUR	Y Manth, Day, Year 20d, 11	NJURY OCCURRED 20e	. PLACE	OF INJURY (Hame, form	, 20f. (City or to	own)	(0	County)	1	(State)
Hour o.m.	While	Not while	factory	, street, affice bldg., etc.)			,,		
≥ p. m.	17 at wor	k ar wark	1	10 =11		1.0		1 13	200	
21. I certify tha	it (1) (this haspital) attend	/ >		1	, .to,	/			-, ,	
saw the deceas	ed alive an 5/10	1960, and the	at deat	h accurred at	M, fram the	causes an	d an the	e date		
220. SIGNATURE	TO A A	12		ATTENIDING 14 M		TA EE			-/22	BIGNED
Tes	nnel (". Do	tenson	M.D.		RECTOR P			_3	110	60
22c. PHYSICIAN'S				22d. ADDRESS					/	
D Transcription	r. Kenneth C	. Henson		Middlet	own, M	d				
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND b. CTIV OR TOWN (if dushide coperate limits, write URBAL and give nearest town) Frederick I hour I hour		(Stat	e)							
burial (Specify)	5/13/1960	Lutheran	Cer	eterv	Mide	dletor	m.	Md.		
24. FUNERAL DIRECTOR	'S_SIGNATURE	ADDRESS	D = 7	25a. REC'	D BY REGISTRAR			GNATUR	RE	
Gladnil	LI Company, M	iddletown,	Md.	DATE	v 1 2 300	-1	-1 - 0	4		



VS A15 (4) 15M 9/5B

W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5768

CERTIFICATE OF DEATH

0100	COUNTY FREDERICK C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write URAL and give neveral four) FREDERICK C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write URAL and give neveral four) FREDERICK C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write FREDERICK C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write FREDERICK C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write FREDERICK C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write FREDERICK C. LENGTH OR STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write FREDERICK C. CITY OR TOWN (If outside corporate limits, write FR	Reg	. Dist. No.	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENTATIVE A	b. COUNTY	
		F(1,1,1,1,1,1)		RIDDORLEGK
RURAL and give nearest tawn)		//	carporate limits, write RURAL	and give nearest town)
				e. IS RESIDENCE ON A FARM?
FREDERICK	MEMORIAL HOSPITAL	FREDERICK,	MARY LAND.	YES NO
DECEASED			OF .	Day Year 19 60
	A STATE OF THE STA	B. DATE OF BIRTH	9. AGE (In years IFUN	IDER 1 YEAR IF UNDER 24 HRS.
		Feb. 20, 1902	last birthday) Man	ths Days Haurs Min.
 USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) 			4	CITIZEN OF WHAT COUNTRY?
Owner & Sec. Dairy. 3. FATHER'S NAME	Dairy Business		ounty Ma.	USA.
			Vinalina	
	S? 16. SOCIAL SECURITY NO. IN		Address	
Yes, no. or unknown) (If yes, give wor or dates of serv	ice)	Miss. Catherine	Thomas 302.	College Ave.
		MEDDA OR WAS TIM	11100000 7000	INTERVAL BETWEEN
	9	000 10000		ONSET AND DEATH
DUE TO	Coronary	acc wife		Hour
gave rise to immediate	V			
twing cours last				
_	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	Db. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I	or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year	While Not while fac		f. (City ar tawn)	(County) (State)
	0	+1050 ·	16/6 10/04	11
1 a M.	, , , , , , , , , , , , , , , , , , , ,		1 -	I lost saw the deceosed
olive or 3/6	, 19_6_, and that death	occurred at A A A A A A A A A A A A A A A A A A	rom the causes and on ESS (Street, city or town, state)	DATE SIGNED
ACTUAL QUILLOUNG -	Thomas			5/8/60
SIGNATURE WELLOW	(Miller)	M.D		010/00
PHYSICIAN'S NAME (Type) JAMES B. TH	OMAS M.D.	Profession	al Bldg. 228	N. Market St.
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		LOCATION (City, town, or cou	
BURTAL May 9	1960 Wt Olivet	Cemetery F	rederick Mar	ylanda
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY		
DATE PAYOR PROPERTY HO	ME FREDERICK 1	DATE MAI		

MARIN TO THE PROPERTY OF CONTRACTOR OF THE PARTY AND ADDRESS OF THE PAR SIDILIDATE OF CONTROL OF THE STATE OF THE ST After 1 and Delevis Description Description of the Court Description of satisati sitteli saman sistema Sti-1-01EZ Mint Outhers o French 365, College Lwi. Automatical design of the control of Elicia de la composición del composición del composición de la composición del composición del composición del composición del composición BUTTO I SERVICE SERVICES I CONTROL OF THE SERVICES

Reg. 0157. NS. 48

1. PLACE OF DEATH o. COUNTY Fre	derick		MARYLAND	2. USUAL RESIDENCE	(Where deceose yland	ed lived. If institution b. COUNTY	Frederi	
RURAL and give ne	t outside corporate lime carest town) wn-Rural R		c. LENGTH OF STAY IN 16	1		orote limits, write R Rural RD#3		arest town)
d. NAME OF HOSPIT OR INSTITUTION Near DU	AL (If not in hospitol, ckeystown	give street	oddress)	/ d. STREET ADDRES	ss r Buckey	stown		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fii ED	WARD	Middle ELIAS	KRISE	4. DATE OF DEATH	Mon	May 10	by Yeor 1960
5. SEX Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1 May 1890	0	9. AGE (In years lost, buthday) yrs.	Months Doys	Hours Min
Farmer	DN (Give kind of work ing life, even if retired	3	KIND OF BUSINESS OR INDU	Creager	stown, 1	country) Maryland	USA	OF WHAT COUN
13. FATHER'S NAME				14. MOTHER'S MAID		1		
Edward L.	······································				a A. Har			
15. WAS DECEASED EVEN	R IN U. S. ARMED FOI (If yes, give war or dates of	market I		rs. Hazel E.	. Krise	(Same as		L)
Conditions, if or gove rise to it couse (o), stoting lying couse lost. PART II. OTH	the <u>under-</u>	o) >	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	FERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES □ NO [
200. ACCIDENT WA	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injur	y in Port I or Po	ort II of item 18.)		TES NO [
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. II While of wor	_ Not while fo	LACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (Cit	ly or town)	(County)	(Sto
alive an	at I attended the 2-17- Fix R. Marti N, 22b. DATE THEREC 5-19-60	126 200 200 200 200	artin	Frederic	ADDRESS (: Market S	Street, city or town.	and an the do stote) 18	aw the deced the stated about Signature May 196
23. FUNERAL DIRECTOR			ADDRESS		REC'D BY REGIS		STRAR'S SIGNATU	IRF
M. R. Etch	ison & Son	, Fre	ederick, Maryl	and	MAN O O 1C		0 L	

filed with O FUNEXAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill the has the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shortd De filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO FUNE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/5B

T.		
M)	1. PLACE OF DEATH a. COUNTY	Ø.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	3103		CERTITI	CAI	E OI DEAI	• •		Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY	Frederi	iek	MARYLA		USUAL RESIDENCE (VI	Vhere deceased	lived. If institution b. COUNTY	_	before adm	
b, CITY OR TOWN RURAL and give	(If outside carparate liminearest tawn)		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF					
d. NAME OF HOSP OR INSTITUTION	PITAL (If nat in hospitat, o		address) Home	1	d. STREET ADDRESS	Avenue	A P		NO N	RESIDENCE N A FARM?
3. NAME OF	Fir	100	Middle		Last		Man			Year
DECEASED (Type ar print)	Char		Middle	La]	Pole	4. DATE OF DEATH	5	3:	Day	1960
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	☐ B. C	ATE OF BIRTH	() Y	9. AGE (In years last birthday)	IF UNDER 1		
Male	White	WIDOWI		- 6	2-3-1888		72 yrs.		ays Hau	
during most of wo	TION (Give kind af wark arking life, even if retired	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stat	te ar fareign co	untry)	12. CITIZE	N OF WHA	TCOUNTRY
	Engineer	B	& O.R.R.C		Marylan			U.S	S.A.	
13. FATHER'S NAME	William	n La	Pole	1	4. MOTHER'S MAIDEN		rginia	Moore	•	
16 MAS DECEASEDEN	/ER IN U. S. ARMED FOR	CES2 114	SOCIAL SECURITY NO	INFO	RMANT		Add			
(Yes, no Nonknown)	(If yes, give war or dates of s		SOCIAL SECURITY NO.		Milliard	E.Lal			re, Mo	1.
1 10 10 10 10 10 10 10 10 10 10 10 10 10	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		pe far (a), (b), and (c).]	2	auloso	vin			INTERVAL ONSET AN	BETWEEN ND DEATH
Canditians, if gave rise to cause (a), stating lying cause last	g the <u>under-</u>		Number	Da					11	Do
PART II. O			CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER!	MINAL DISEASE	CONDITION GIV	EN IN PART I	PER	AS AUTOPSY RFORMED?
OR CONTRIBUTIN	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	inter nature of injury in	n Port I ar Port	II of item 1B.)			
Y 20c. TIME OF INJU	10	20d. II While at wor	Nat while	e. PLACE factory	OF INJURY (Hame, far , street, affice bldg., e	rm, 20f. (City	or tawn)	(Co	unty)	(State
21. I certify to alive an	that I attended the	19		eath ac	curred at A	ADDRESS (SH		state)	date stat	
22a. BURIAL, CREMATI REMOVAL (Specification)		_	22c. NAME OF CEMETER		REMATORY	22d. LOCAT	ION (City, tawn,			itate)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS wick, Maryl			C'D BY REGIST	RAR 24b. REGI	STRAR'S SIGN		

, w o di cabad STORY IN THE STORY on protes a report of the Light way , a Little . Der. There is a particular.

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the good director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be reserved for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, at remaral, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5769 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

115750 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Italerick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmiss o. STATE Md b. COUNTY hondergome	sion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearestrown) The RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low	13
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hoderck Memorial Hosp		FARM?
	3. NAME OF DECEASED (Type or print) Earl Middle	Jacob Committee	60
	male White WIDOWED DIVORCED 8	119/1878 61 yrs.	R 24 HRS. Min.
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT C	COUNTRY
	13. FATHER'S NAME Doselle Loch lider	Manie Baldman	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [If yes, give wor or dates of service] 220-32-5353 mm	FORMANT Address Address & Mystle Lechlider, Gentlerburg &	82
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b)	hrombois Lann	N FH
	gave rise to immediate couse (a), stating the underlying cause last. (c)		
3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFOR YES	NO 1
		iter noture of injury in Part I or Part fl of Item 18.)	
	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 While Not while of work of work	E OF INJURY (Home, form, 20f. (City or lawn) (County) ry, street, office bldg., etc.)	(State)
	21. I certify that I took charge of the remains described about opinion death resulted from: Notural causes . Accident		d in my
	ACTUAL BOTHOMAS	M.D. CHIEF MEDICAL EXAMINER DATE SI	GNED
	EXAMINER'S B.O. Thomas, M.S.	ASSISTANT MEDICAL EXAMINER May 2, 1960)
	220. BURIAL, CREMATION, 226. DATE THEREOF PREMOVAL (Specify) 5-5-60 Laytonsvill		
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CATTLE OF THE SIGNATURE CATTLE OF THE SIGNATURE	

		377
	·	
		DECEMBER OF THE
		THE HE WOOD IN THE THE
		A CONTRACTOR OF THE PROPERTY O

may be ained by the hospital ar attending physician. O FUNEXX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-B	ALTIMORE,	18

05751

Heles	ab Colesia	5770		CERTIF	ICAI	E OF DEAT	н		Reg. Di	ist. No		
1. PLACE o. COI	of DEATH	erick		MARYLA		usual residence (wo o. STATE Maryl		l lived. If instituti b. COUNTY	on: Resider	nce befo	re odmis k	iion)
b. CITY	Y OR TOWN (If or AL and give nears ederick—	utside corporete limi est town) Rural RD#		c. LENGTH OF STAY IN	4 1b >	c. CITY OR TOWN (IIF		rote limits, write R 1ral RD#3		give ne	arest tow	n)
d. NA	ME OF HOSPITAL INSTITUTION Ederick	(If not in hospitol, g	ive street	oddress) Hospital	/	d. STREET ADDRESS Mount	aindale					SIDENCE FARM?
3. NAME DECEA (Type of	(SED or print)		AUDE	Middle OLIVER		LENHART	4. DATE OF DEATH	Mon	May	28,		Year 19 60
5. SEX Mal		White	7. MAR	RIED NEVER MARRIED		of Birth 9 Oct 1900		9. AGE (In years lost birthdoy) yrs.	Months	Days	Hours	ER 24 HRS. Min.
Labor	AL OCCUPATION og most of working rer-Road	(Give kind of work life, even if retired WORK - M	done 10b	KIND OF BUSINESS OR Grove Lime		11. BIRTHPLACE (Stor		ountry)		TIZEN O	OF WHAT	COUNTRY
3. FATHE	R'S NAME				1	4. MOTHER'S MAIDEN	NAME					
C.	Layton C.	Lenhart				Effie E	. White					
15. WAS	DECEASED EVER IN	N. U. S. ARMED FOR es, give war ar dates of s		. SOCIAL SECURITY NO. 216-07-8637	17. INFO	Ruth I. L	enhart	(Same as		n #2	()	
18.	PART I. DEATH	WAS CAUSED BY:	1	ine for (o), (b), and (c).]		Luic				INT	ERVAL BI	DEATH
	1 2	AMEDIATE CAUSE (o		accessor of the	/ E						1	* ,
Co	nditions, if ony,	7				0						
cou	ve rise to imm se (o), stating the ag couse lost.	ediote (DUE TO										
CATION	PART II. OTHER		DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a)	PERFO	AUTOPSY DRMED?
O (IF EI	ACCIDENT WAS LONTRIBUTING DITHER, NOTIFY ME	INDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED. (E	nter noture of injury is	Port I or Por	t II of item 18.)			NO	
WEDICAL WEDICAL	Hour o.m.	Month, Doy, Ye	While			OF INJURY (Home, for , street, office bldg., e		or town)		(County)		(Stote)
aliv	e an 1k	l attended the		sed fram. / K. (eath oc	, 19.60, 10 curred at 1:45 7 N. Mark	P_M, from	2), 1969 In the causes of treet, city or town,	and an	the do	ite stat	deceased ed above ATE SIGNEE 1960
PHYS		F. Kline	м.	D.		Frederick	, Md.					
Bur:	IAL, CREMATION, OVAL (Specify)	22b. DATE THEREO)F	Mount Oli				rion (City, town, erick, Ma		ad	(Sto	le)
23. FUNE	RAL DIRECTOR'S S R. Etchi	ignature Ison & Sor	ı, Fr	ADDRESS rederick, Ma	rylan	d. 240. RE	C'D BY REGIST		STRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE VS A15 (4) 15M 9/55

		CERTIFICA	
			s*-
		E-linas	Xugan a Condition
	paul-de tretari de la company		The Same Salaharia
		Individuel ele	and the County of the County o
	ALL STATES		
	Her harty all		
	3-1 10 . 123-235		desired C. Lenner
(5) met al oba			produced variable on an
			Towns 157532 238 258 35
			CHARLE BURNING
Complete the second state of the second seco			
	1. I	* ,	The forest property of the end of
			The Late of the Control of the Contr

r.

TO HOSPIC OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Figs offer death. Page 4 may be an each by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5771

	PLACE OF DEATH O. COUNTY				on: Residence before admission)
	Frederick	MARYLAND	o. STATE Mary	land b. COUNTY	Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	ll .	utside corporote limits, write RUICK-RUTAL- R.F	
1	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Frederick Memorial Hosp:	oddress)	d. STREET ADDRESS Yellow S		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	PS Elise	LINTON	4. DATE Mont	th Day Year
	5. SEX 6. COLOR OR RACE 7. MARI Male White WIDOW	RIED A NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH October 15, 1	9. AGE (In years last birthday) 77 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	Same		yland	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	A FIA THE	14. MOTHER'S MAIDEN N	AME	
	James Linton		Clara	Nusz	
V	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	ess
		17-10-9301 Mrs	s. Pearl E. Li	nton-Same as I	tem #2
	PART I. DEATH Enter only one couse per li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.	Chranis	Acolliste Thorner and	The low M	ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF C				EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (1) (this haspital) attends aw the deceased alive an May 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) JESSE 5	Fifey	M.D. ATTENDING ME DIR 22d. ADDRESS & O Fig. 2	M, fram the causes and	d an the date stated abave. MAY 2, 1960 US et AYC MAY 4
1	Burial May 5.1960	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, o	
-	4. FUNERAL DIRECTOR'S SIGNATURE	Frederick Mer		Frederick	
1	M. R. Etchison & Son. Fre		40-04 A SECTION AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT ASSESSME		TRAR'S SIGNATURE

quire out						snl-	
- + + -	a S was	miles sign	i i i				
		and a P				niah dalam	
			V		1 2 7		
		Blez	, L talete			L	· Mar
		au len					
		MAGE AT				modell no	
	95 11	nf ~zz čnik	· Layol .	301 105	watership of management of		elli

FOR STATE HEALTH DEPT. is necessory, please and director. Page and for your files.

納

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05753

Reg. Dist. No.

	1. 6	O. COUNTY THE desert MARYLAND	o. STATE b. COUNTY b. COUNTY
	Ь	b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		traderick sync	Menrono-KL
7	7	d. NAME OF HOSPITAL OR INSTITUTION (If no) in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) First Landon Landon	Lucas of DEATH Month Doy Yeor 1960
3	5. S	6. COLOR OR RACE 7- MARRIED NEVER MARRIED B. D. WIDOWED DIVORCED D	last birthday) Months Days Hours Min.
	100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
H	E	Bart Brend more	Frederick Con U.S.a
	13.	Tamer's NAME	MOTHER'S MAIDEN NAME
I		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	DRMANT Address
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Gace of Stern 2 hox
		8 23 A DUE TO - T A/A	might - Dle - le -
1		Conditions, if ony, which) (b) Traclure Type	my sunt men
		gove rise to immediate cause	- MAN
		(o), stoting the underlying DUE TO Fractioned Juris	
	7		
1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
V	CERTIFI	206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	r noture of injury in Port I or Port II of item 18.)
	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE (OF INJURY (Home, form, 20f. (City or lown) (County) (State)
	MEDI	Hour o.m. 5/12 1851 While Not while of work of work of work	street, office bldg, etc.) his new worket Frederick McL
		21. I certify that I took charge of the remains described above,	, held an Autopsy , Inspection , Inquiry , and in my
		opinion death resulted from: Natural causes, Accident 🔼,	, Suicide , Homicide , Undetermined manner
1		ACTUAL SIGNATURE COLUMN M	A.D. CHIEF MEDICAL EXAMINER [
7		EXAMINER'S BOThomas, M. J.	ASSISTANT MEDICAL EXAMINER () Way 12-1960
		BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CRE REMOVAL (Specify) Burial May 15.1960 Mt. Oliv	
	-	FUNERAL DIRECTOR'S SIGNATURE A ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
		Domo-	Md. DATE MAY 17'60 Chilling J. Thank

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delexis executed certificate, writing the ward "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the Last A shouth as forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be reformed TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State I are file designated agent, prior to burial, cremotian, or removol, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

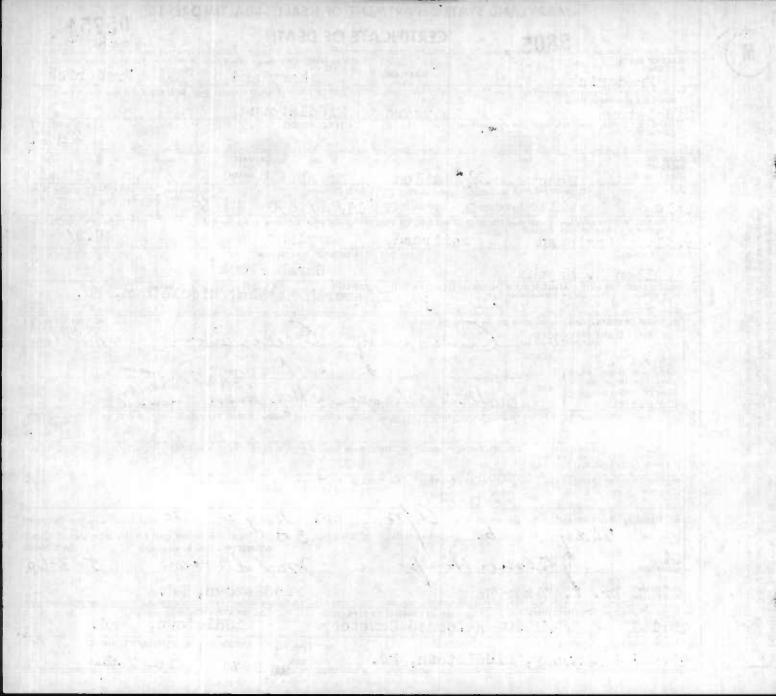
	and	pon
	ign	CO
	g physic	remove
	DIRECTOR: After this certificate has been signed by the attending physician and	Id be detached far use as the buriol-transit permit. Then please remove carbon
	the	Ther
	d by	mit.
	igne	per
ined by the hospital or ottending physician.	sen s	onsit
physi	as be	iol-tr
ina	te h	buri
thend	hifico	s the
O TO	cer	se os
pital	r thi	far u
hose	Afte	hed
the	OR:	letac
ined by th	RECT	be o
20	5	P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	LTIMORE, 18
---	-------------

CERTIFICATE OF DEATH 5205

(15754

	2003					Keg	. DIST. NO	,
1. PLACE OF DEATH o. COUNTY	eri ek	MARYLAI	G STATE	Mary]	A CONTRACTOR OF THE PARTY OF TH	. If institution: Re b. COUNTY	400	ore odmission) erick
	(If outside corporate limits, write	c. LENGTH OF STAY IN	V			mits, write RURAL	and give ne	arest town)
Middletov d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give stree	25 year	S Mide	dletor ADDRESS	wn			e. IS RESIDENCE ON A FARM? YES 2 NO
3. NAME OF DECEASED (Type or print)	First	Middle Allen	Maga		4. DATE OF DEATH	Manth 5	D	2 1960
S. SEX		RRIED MEVER MARRIED	8. DATE OF BIRT	Н		birthdoy) Mon		R IF UNDER 24 HRS. Hours Min.
male	white widow		- 1//		() yrs.	CITIZENIO	E MALLE COLLEGE
during most of war	ON (Give kind af work dane 10brking life, even if retired)	railroad	Mar	yland	r toreign country	12		S/
13. FATHER'S NAME	OT STIMISON	1 (1212 0 (1)	14. MOTHER'S		AME			
Allen	R. Magaha		S	arah :	Flook			
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	. SOCIAL SECURITY NO.	Ellswort	h Mag	aha, Mi	ddleto	wn, M	id.
Conditions, if a gave rise ta cause (a), stoting lying cause lost.	the under-	Seris-Scle	rosis &	Hype	Lesse Leusive	lie Vascul	lar	ubken
CATIC	HER SIGNIFICANT CONDITIONS						I PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO 4
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCI	URRED. (Enter noture of	of injury in Po	ort I or Part II of	item 18.)		
Y 20c. TIME OF INJU Hour a. m. p. m.	While		e. PLACE OF INJURY foctory, street, offic		20f. (City or to	wn)	(Caunty) (Stote)
21. I certify the alive an	may 1. 194		eath accurred at	3 A			the dat	w the deceased e stated abave DATE SIGNED 5-3-60
PHYSICIAN'S DAME (Type) D	r. f. Elmer	Harp /		Midd	lletown	, Md.		
220. BURIAL, CREMATIC PREMOVAL (Specify	ON, 22b. DATE THEREOF 5/4/1960	Reformed (city, tawn, or cou	Md	(State)
23. FUNERAL DIRECTOR		ADDRESS		24a. REC'D	BY REGISTRAR	24b. REGISTRAR	'S SIGNATU	JRE
Gladhill	. Company, Mi	ddletown, N	Md.	DATE	E '60	arthur	& Kran	A



Film26 05755 5773MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 should be Reg. Dist. No. cremate 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY TCarrol a. STATE MARYLAND burial. b. CITY OR TOWN (If outside corporate limits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town) Franco e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO NO 3. NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED | DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Souchsler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hour 10 oge IN U. S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. Address Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form Sminules IMMEDIATE CAUSE (o) DUE TO with 1 2 Conditions, if any, which (b) pencil along v gove rise to immediate couse DUE TO (o), stoting the underlying cause lost. pending in 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 00 CERTIFICATION PERFORMED? used YES | NO.F Examiner 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Pe PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Auto crossed highway, struck stones & overturned should MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year rtificate, writing the watte to the Chief Medical E DIRECTOR: Page 3 sho (County) (Slote) factory, street, office bldg., etc.) Not while Mas at work ot work 囚 pm. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry death resulted from: Natural causes , Accident X. Suicide . Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) 0 Pine Grove Burial 7060 Mav 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Damascus. 10'60 5M 9/55

EXAMINER: This

MEDICAL

DEPI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MORRELLAND Senior care of the compact of the

MARYLAND STATE DEPARTMENT OF HEALTH 5774 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05756

1	PLACE OF DEATH	ederick	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Carroll									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b l day											
	OR INSTITUTION	AL (If not in hospitol, g			d. STREET A	DDRESS				ON	SIDENCE A FARM?	
3	NAME OF DECEASED (Type or print)	Tharles	st	Middle U.	Mehr	ina	4. DATE OF DEATH	May	th	Day 7	Year 19 60	
S	. sex Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 24.	1898	9.	AGE (In yeors last birthday) 61 yrs.	Months Day	_	ER 24 HRS. Min.	
	Farmer & 3. FATHER'S NAME	ON (Give kind of work ing life, even if retired Truck Oper F. Mehrin	ator	KIND OF BUSINESS OR INDU	14. MOTHER'S	Maryl MAIDEN N	AME	(7)	12. CITIZEN		COUNTRY?	
Y	5. WAS DECEASED EVE		CES? 16.		Mrs. Char	les U		Addi	mar. Mo	3.		
2	Canditians, if o gove rise to it cause (a), stating lying couse lost.	mmediote the under-	, a,	teriorly	T NOT RELATED TO	Leas THE TERMIN	T di	ONDITION GIV	YEN IN PART 1(a	5-yea	hv,	
) NOTACISTOS				CRIBE HOW INJURY OCCURRI	- 1 mm	1190				YES _	DRMED?	
40,000	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	ar 20d. It While of war	Not while fo	LACE OF INJURY (I octory, street, office	Home, farm, bldg., etc.	20f. (City or	town)	(Coun	ity)	(Stote)	
	21. I certify that saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	7	attend 27 7 Co	led the deceased fram. 1960, and that hase	May 6 death accurred M.D. ATTENDING PHYS. 22d. ADDRE	at 2Λ	D :	//				
	3a. BURIAL, CREMATIO REMOVAL (Specify) Burial	May 10,) 1960	23c. NAME OF CEMETERY C				sburg.	or county) Marylar		ite)	
2	4. FUNERAL DIRECTOR	Cituss	Tanev	town Maryland	3	DATE MA	BY REGISTRAF		nilwa S. A			

TO HOSP OR ATTENDING PHTSICIAM: The four instance and instance and in any the funeral director, may be and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and the start by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

The state Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

The state of the state of the state of Carallet and a second and a discount of a di

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05757

	5/75							Keg. Dist. N	0.			
1. PLACE OF DEATH a. COUNTY				11 ,	JSUAL RESIDENCE (W	here decease		an: Residence be	fare admis	sian)		
Frederick					Maryland b. COUNTY Frederick							
b. CITY OR TOWN RURAL ond give	(If autside carporate limits, nearest town)	write c.	LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest t							
Fred	ierick		1 day	/	Rural-							
OR INSTITUTION	ITAL (If nat in haspital, give	1	d. STREET ADDRESS					A FARM?				
1	rederick Mem		Route	6			YES [NO				
3. NAME OF DECEASED (Type or print)	Jack		Middle	Moff	lost ett	4. DATE OF DEATH	May	14	/	Year 19 60		
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED		TE OF BIRTH		9. AGE (In years last birthday)	Months Days		_		
Male	White w	IDOWED [DIVORCED		uly 25-192	5/1	35 yrs.	Months Days	Haurs	Min.		
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work dan rking life, even if retired)	e 10b. KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e ar fareign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?		
Research		Li	me Company	7	West Virg	ginia		U.:	S.A.			
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME						
Francis	R. Moffett-	Sr.			Mary C.	Fox		505163				
15. WAS DECEASED EV {Yes, no, or unknown}	ER IN U. S. ARMED FORCES		CIAL SECURITY NO.	INFOR	MANT		Add	ress				
Yes	W War 11	236	20-5393	Mrs	Jack Mofi	Cett- F	lt. 6- Fr	ederick-	- Md.			
	ATH [Enter anly ane cause	per line fo	or (a), (b), and (c).]		1	-	-1.	41	TERVAL BE	DEATH		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Co	unary	10	ron00-	12	acul		240	Lunk		
720	DUE TO	M	0. 1	113		, /						
Canditians, if		144	this - S	ceur	0200 (6	rance	Vers		-			
gave rise to cause (a), stating			014	1	3							
lying cause last			all	en	,		/					
PART II. OT	ther Significant condit	IONS <u>CON</u>	TRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	AFNAL DISEAS	E CONDITION GIV	/EN IN PART 1(a)	PERFC	AUTOPSY DRMED?		
20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING ☐ 201 CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIB	E HOW INJURY OCC	CURRED. (Er	ter nature af injury in	Part I ar Par	t II af item 1B.)					
20c. TIME OF INJU					OF INJURY (Hame, far street, affice bldg., et		ar tawn)	(Caunt	у)	(State)		
Haur a.m.	19	While at wark	Nat while at wark	raciory,	sireer, diffice blog., er	.,						
21. I certify t	hot I oftended the de	eceased	from IMA	40	, 1800 to 1	may	4 196	that I lost so	ow the c	decensed		
alive on 2	nan 13	1960	, , , ,	eoth occ	urred of 7:4/5/	7 M from	4					
V	2 / 1 /		10	,			treet, city ar tawn,			TE SIGNED		
ACTUAL SIGNATURE	Estura ()	-10	luma-s.	- /TMD	2281	Mar	Ket St	. 51	14/6	0		
			1	1		- 10	1111					
PHYSICIAN'S NAME (Type)	Dr. B. O. Th	omas.	Jr.	M.I	Frede	VICA	1/1/					
220. BURIAL, CREMATI		22	C. NAME OF CEMETE	RY OR CRE	MATORY	22d. LOCA	TION (City, town,	ar caunty)	(Stat	te)		
REMOVAL (Specify Burial	5-17-1960	1	West Milfo	ord Ce	meterv	West	Milford-	West Vi	rgini	а		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS derick- Ma		24a. REC	D BY REGIST	TRAR 24b. REGI	STRAR'S SIGNAT	6.3			
Dailey	uneral Home-	7 0 -	GALTON- 1/09	A Ter	DATE	AY 17 "	60 a	Thun S. Ka	aud			

ers after death. Page 4 TO HOSP OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 are after death. Poge 4 may be used by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in ony event within 72 hours after death.

VS A1S (4) 1SM 9/58

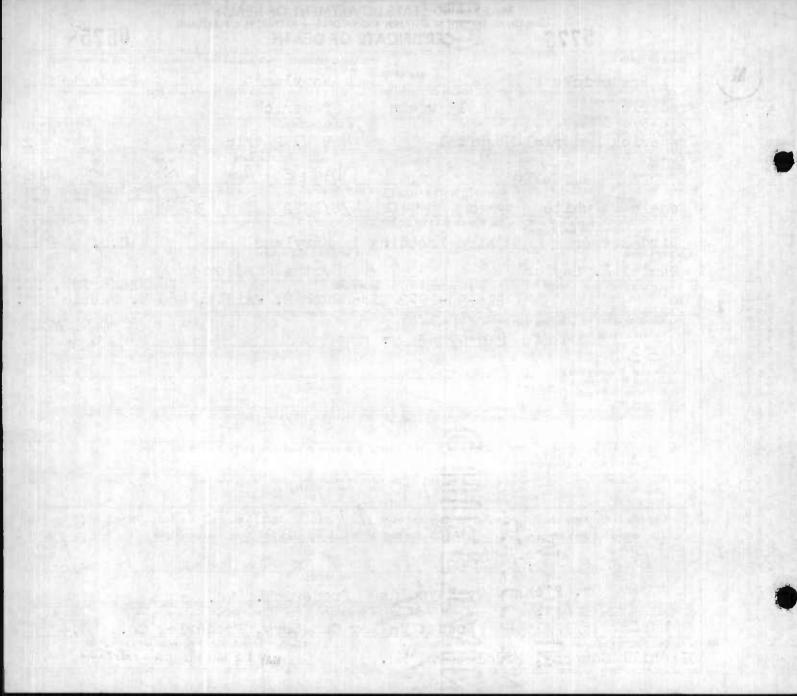
	(HINDE OF STATISHES	8775	
	Larra	Stor-page 187	
	duelogi - Comit phi	doubles.	
		Liament delegate	
1 1			
		Common STALLS	
	abitati desti i vacati	selfe il prose	
	30 P VB	curste P. Northeren.	
	of the last to the		
8 4 44	The second second		
		(• · · · · · · · · · · · · · · · · · ·	
ability " and many			
		She at the same and the same an	100

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE TO STATISTICAL RESEARCH AND RECORDS — BALTIMORE AND REC ORE 1, MARYLAND

LAL	KE2E	AK	Un P	IND	KECC	JKD2	-	DALII	Afi
CEI	RTI	FI	CA	TE	0	FD	EA	HTA	

					00
1. PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If insti		re admission)
Frederick	MARYLAND	Marylar		Frede	rick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		utside corporote limits, writ	te RURAL and give nea	arest town)
Frederick	13 weeks	// Frederic	ck		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Frederick Memorial Hos	pital	469 W. Pa	atrick St.		YES NO
3. NAME OF DECEASED (Type or print)	Middle	NAME	OF	Month Da	Year 1960
1017		B. DATE OF BIRTH	9. AGE (In yes		IF UNDER 24 HRS
female white WIDOWE		4/8/1922	last birthdo	y) Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I		1/ -/			F WHAT COUNTRY
during most of working life, even if retired)				TT C	
bird keeper b 13. FATHER'S NAME	ird breeding	14. MOTHER'S MAIDEN N		U.S.	
Daniel A. Gaylor		Bertha F	Cnadler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		FORMANT		AddressFreder	ick, Md
(Yes, no, or unknown) (If yes, give war or dates of service)	8-38-1972 Mi	iss Ruth E.	Naille, 46	59 W. Pat	rick St
1B. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]				ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ercinoma of	Colon			months
153. DUE TO					
Conditions, if any, which) (b)					
gove rise to immediate DUE TO					
lying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
CAI				1.00.110	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)		
	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	, 20f. (City or town)	(County)	(State
Hour o.m. While	Not while fac	ctory, street, office bldg., etc.		(Coomy)	(3.0.0)
	c ot work	in I	co 1010		
21. I certify that (1) (this haspital) attend	,	150/-	51, to 5/_7	19.60, th	
saw the deceased alive an5	19_60 and that a	leath accurred at 1976	M, fram the causes	and an the date	
220. SIGNATURE	20	ATTENDING ME	ED STAFF _		22b. DATE SIGNED
Mikera C. Kleyn	rcas,	M.D. PHYS. DIE	RECTOR PHYS.	March 1980	3/10/60
PHYSICIAN'S NAME (Type) Dr. Richard	C D 3.3	22d. ADDRESS			
	C. Reynolds	Frederic	s., Md.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tow	vn, or county)	(Stote)
REMOVAL (Specify) 5/12/1960	Locust Vall	ley Cemeter	y, Frederic	ck Co., M	id.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			EGISTRAR'S SIGNATUI	
Gladhill Company, Midd	letown, Md.	DATE M	AY 13'60	writing S. Fire	uud.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5777

CERTIFICATE OF DEATH

Reg.		N	5	ウ	5	()
Reg.	Dis	ŀ.	No.	9	U	-	þ

0666				Reg. Disf. No.
1. PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE	- b COUNTY	on: Residence before admission)
Frederick			yland	Frederick
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	11	utside carporote limits, write R derick	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION		/ d. STREET ADDRESS	Second Street	o. IS RESIDENCE ON A FARM?
11 East Second Street		II East		YES NO A
3. NAME OF First DECEASED (Type or print) JOSEPH	JOHN	NESTOR	4. DATE Mor OF DEATH MG	-1
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 1	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWEL	DIVORCED [April 7, 189		Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Credit Bureau M	and of Business or Indust Sanager	TRY 11. BIRTHPLACE (Stole)	ar foreign country)	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John T. Nestor		Bri	gid Lynch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) [If yes, give wor or dates of service) [If yes, give wor or dates of service) [If yes, give wor or dates of service)		FORMANT B. Cecelia M.	Nestor- Same	44
18. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c),]			INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	muliocence	Commence		ONSET AND DEATH
IMMEDIATE CAUSE (o)	mora jenice	Chrenome		lo mente
16 d. DUE TO				
Canditians, if any, which gave rise to immediate (b)				
couse (a), stating the <u>under-</u> lying cause lost. DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO. Language Co. ACCIDENT WAS UNDERLYING 20b. DESCION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT I		Α	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	Part I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN. Haur a. m. p. m. 19 While at work	Nat while fact	CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.		(Caunty) (State)
21. I certify that I attended the decease	d from 9/	, 19.59, to	5 /13 19/40	(),that I last saw the decease
alive an 5/13 19 6	' /			and an the date stated above
	and mor deam		ADDRESS (Street, city or town,	
SIGNATURE RELEASE	Keynells, N	A.D. East Churc		5/16/1960
PHYSICIAN'S R. C. Reynolds	в, М.D.	Frederick,	Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) May 17,1960	22c. NAME OF CEMETERY OR Arlington Nat:	CREMATORY ional Cemeter	22d. LOCATION (City, town, y Fort Myer	or county) Virginia
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE
M. R. Etchison & Son. Free	derick, Maryla	nd DATE		

bours after death; Page 4 may to bined by the haspital or attending physician.

S FUNE A. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO FUNE

M

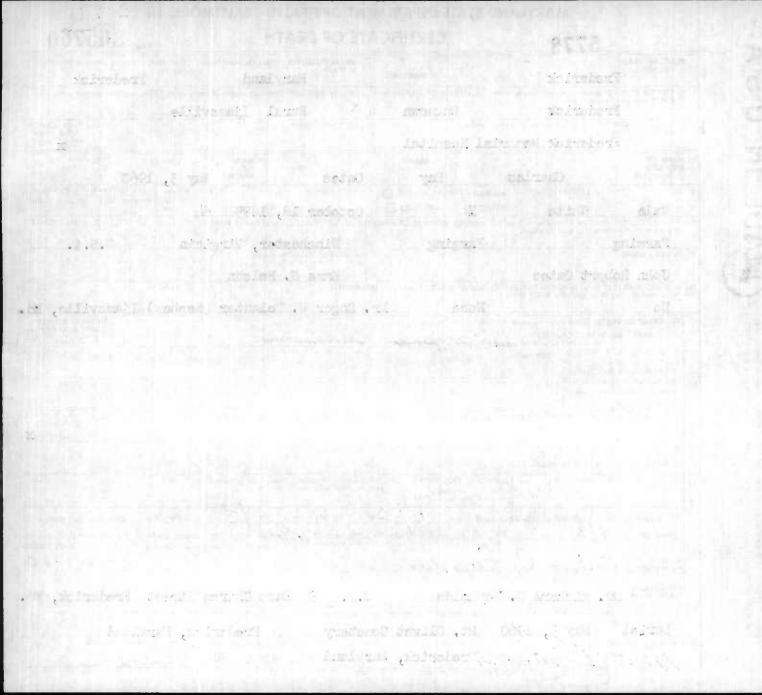
TO HOSPITAL VS A15 (4) 15M 9/55 M

-	"	179	0	
D	1	4	3	

CERTIFICATE OF DEATH

Dia (25761)

1					Reg. Dist. 140: 0 - 17
1. PLACE OF DEATH a. COUNTY	rederick	MARYLAND	o. STATE	here deceased lived. If institute b. COUNT	orion: Residence before admission) Frederick
RURAL and give n	If autside carporate limits, write learest town) rederick	c. LENGTH OF STAY IN 16 Unknown	c. CITY OR TOWN (IF		RURAL and give nearest town)
OR INSTITUTION	TAL (If not in hospital, give stree rederick Memori		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	first Charles	Middle Ray	Lost Oates	4. DATE MOST OF DEATH MAY 3	anth Day Year 1960 19
5. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	rs IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATI during most of war Farming 13. FATHER'S NAME	ON (Give kind af wark done lokking life, even if retired)			e ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
	bert Oates		Emma S.		
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		informant r. Roger U. D		ddress ow) Ijamsville, Md.
Canditians, if a gove rise ta cause (o), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	the under- DUE TO (c)	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	ainal disease condition c	SIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING DE 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Port I ar Part II of item 1B.)	
ZOc. TIME OF INJU Havr a. m. p. m.	Whil		PLACE OF INJURY (Home, for actary, street, affice bldg., et	m, 20f. (City ar tawn)	(Caunty) (State)
actual signature	hat I attended the decects 13, 19 Paihard C. 10 Richard C. R	2 eynolos	_M.D	AM, fram the causes of ADDRESS (Street, city ar taw	State I last saw the deceased and an the date stated above pate signer 5-4-1960
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, town	
REMOVAL (Specify Burial	May 5, 1960	Mt. Olivet C		Frederick, 1	Waryland
23. FUNERAL DIRECTOR	Exales	Frederick, M		D BY REGISTRAR 246. REG	arthug S. Haus



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5779 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. 615 76 61

Acres 100								The second secon		
	PLACE OF DEATH	Frederick		MARYLAND	O STATE	Maryland	b. COUN		deric	
b	and give nearest town)	outside corporate limits, write i	RURAL C. LE	Hrs.	at the	Frederic		RURAL and	give neares	t lawn)
d		k Memorial			d. STREET A	DDRESS 121 Ice	S ₊ reet			S RESIDENCE
	NAME OF DECEASED (Type or print)	first Lewi	ls	Middle	Onley	4. DATE OF DEATH	Mon May		Day 17,	Year 19 60
5. \$	Male	8. COLOR OR RACE	WIDOWED	DIVORCED D	8. DATE OF BIRTH June 30	0-1892	9. AGE (In years fast birthday) 677 yrs.		YEAR IF U	INDER 24 HRS
d	USUAL OCCUPATION In the string most of working Janitor	N (Give kind of work do life, even if retired)		F BUSINESS OR INDU		CE (State or foreign			S.A.	AT COUNTRY
13.	Charles	E. Onley	7		14. MOTHER'S	MAIDEN NAME				
	WAS DECEASED EVE	R IN U. S. ARMED FOR(ES? 16. SOCIA		INFORMANT		Addres		Fred	. Md.
	18. CAUSE OF DEAT	H [Enter anly one cause H WAS CAUSED BY: MMEDIATE CAUSE (a)	per line far (a),	The state of the s					INTERVAL DONSET AND	ers
Z.	Canditions, if an gave rise to immed (a), stating the vicause fast. PART II. OTHI	ale cause		eriosclero			ASE CONDITION GI	VEN IN PART	1(a) 19. W	
FICATION	20o. EXTERNAL CAU	Portal Cir		f Liver; S				3	YES [REORMED?
L CERTIF	PRIMARY ar CON CAUSE OF DEATH.	TRIBUTING []	DESCRIBE HOW	INJORY OCCURRED.	(Emer nature of m)	ory in Fort I di Fari	ir di item (e.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year	20d. INJURY While at wark		ACE OF INJURY (H clary, street, affice	ome, farm, 20f. (C bldg., etc.)	ity or town)	(Caun	ty)	(State)
		esulted from: N		_		Autapsy 🔀,			Second	ond in my
	ACTUAL SIGNATURE	13/72	eone	as	M.D. CHIEF MI	EDICAL EXAMINER [2			TE SIGNED
	EXAMINER'S NAME (Type)	B. 0. The	omas, Sr	., M. D.		NT MEDICAL EXAMINER			5.	17.60
	BURIAL, CREMATION REMOVAL (Specify)	5-21-60	1/2	AME OF CEMETERY O	R CREMATORY emetery		ation (City, town,			Slate)
23.	C.E. Hick		/ *	Marvle		240. REC'D BY REGI DATE MAY 26	STRAR 24b. REG	ISTRAR'S SIGN	NATURE	

TO DEPUTX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delta is necessary, please executed certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the profile and director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relocated for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, at the designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15ME 5M 2/57

0

HT AND HOUSE STANDINGS BERTHROATS INDICATED mentalist of affects and warmen are to to a confirm of a land THE PERSON NAMED IN COLUMN 1

FUNERAL page 10

VS A15 (4) 15M 9/58

23. PUNERAL DIRECTOR'S SIGNATURE

Creager

Raymond

ADDRESS 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE Thurmont, Md.

Frederick

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL SETWEEN ONSET AND DEATH

PERFORMED?

YES NO TO

(Stote)

Co.

Md.

(State)

Days

(County)

Month

Address

Months

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19 60

			5,292	
tole of the co	holds rate		do Menaire	
	terment	. 2:27 03		Par with
	She Siege Ave.			
		o weblanki da	Control Control	
	1 ams. 2 ams.	Holly Williams	401/4	e.C. ur
	healtenhilm	7.453	.tra some	3.
	District Description		= 1.00 +0.1	
E. All , FROM ME	Jinte edae .we	n		2
	127			:
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
			· a remain	
d of servery	Complete t Lowle			r · . · ·
		e anosmass		

ADDRESS

Thurmont, Md.

05763

Days

Md.

(County)

Co.

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

DATE

U.S.A.

INTERVAL BETWEEN ONSET, AND DEATH

> PERFORMED? YES NO

> > (State)

Md.

(Stote)

10

Frederick

e. IS RESIDENCE

ON A FARM? YES NO

Year

19 60

bage 10 VS A15 (4) 15M 9/5B

aymond E. Cre

Greager

				5077	
Noimalor:		cally mall		in Manager	
1			. 35	f the chemical	Emc an
X				ewo	MTV.
	69 70%		្រុប្រ	THE PARTY	5 12
	13	7731 (IS .na)		Tinita et fritt	12002
		bhall di	E. 0 Tir	0	inserva
	200 300 0	mak am 1			1000
	e - 3 (1)	va r Ramerupe	12 N	oî.	0
		A PARAMONE .		and the state of the state of	
				Spinsky April	
		•:2 (8193) Tani		eniini.	
• 0.5	.0.0				
		o com	• E • • • • • • • • • • • • • • • • • •	alli a	ono rh

poge

he

may

VS A15 (4)

15M 9/5B

10

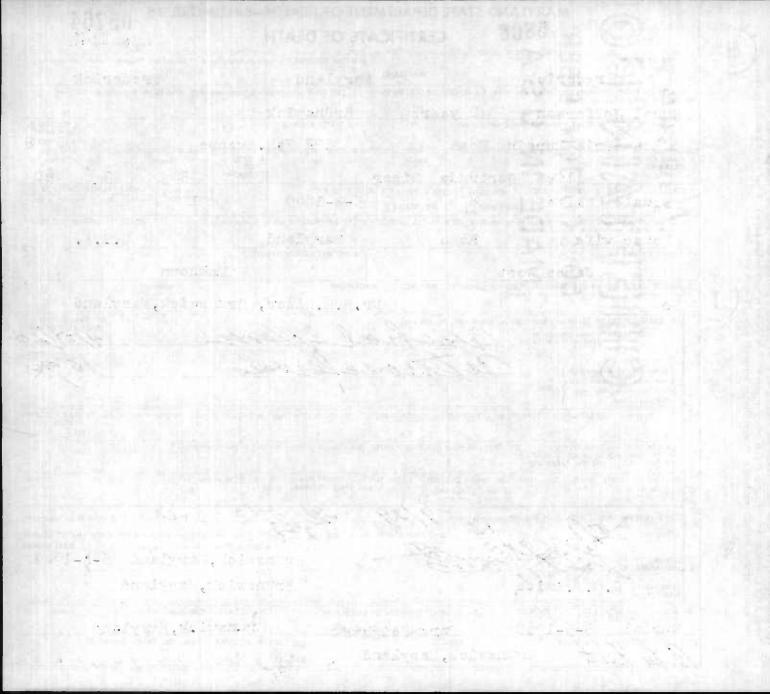
certificate

director ofter hours within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5808 CERTIFICATE OF DEATH

05764

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY MARYLAND Frederick arvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Jefferson Brunswic d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IN 7th Avenue Glenmerrie Nursing Home NAME OF DATE Middle Last Month Day Year DECEASED DEATH (Type or print) Alice Gertrude 190 Riser IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years los birthdoy) Months F_male White Days WIDOWED DIVORCED [YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. House Home Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown James West 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mr.R.R.Riser, Brunswick, Maryland No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20°. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) CAL 20c. TIME OF INJURY Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 1964 hat I last saw the deceased 21. I certify that I attended the deceased fram. M, fram the causes and an the date stated above. alive on and that death accurred at ADDRESS (Street, city or town, state) Brunswick, Maryland ACTUAL Brunswick, Maryland J.G.F PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Brunswick, Maryland Buria 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR Brunswick, Maryland DATE AY Q '60 Outling & House



VR A15 (4) 1SM 9/59

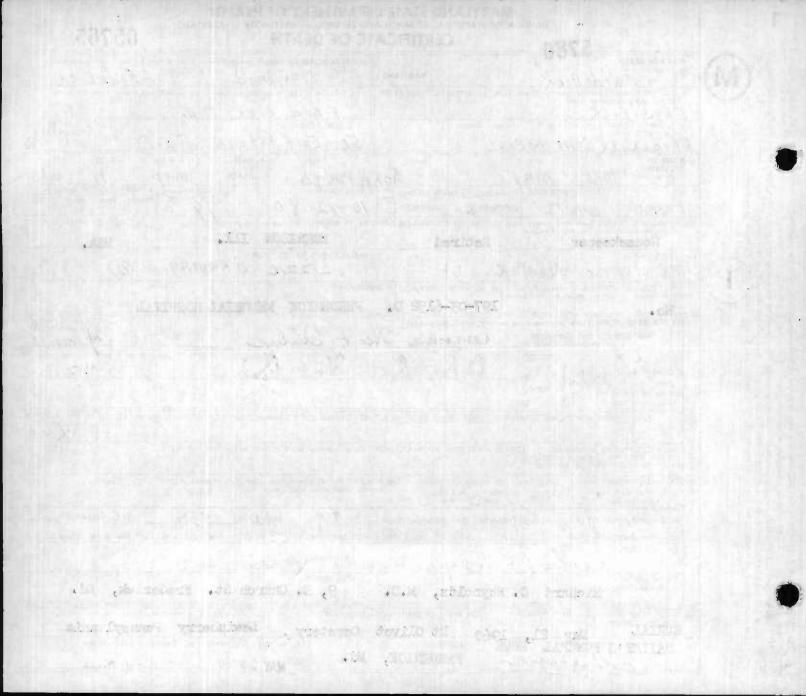
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5700

05765

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
FREDERICK MARYLAND	MAKY/And FREdeRick
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)
FREDERICK	11 FRederick, ma.
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
FREderick Memorial	500 EAST PATRICK STREET YES NO
3. NAME OF DECEASED (Type or print) MR4. MAJ	RAPAUAN A. DATE OF DEATH Manth Day Year 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF SURTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female white WIDOWED DIVORCED	10-12-80 last birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housekeeper Retired	MORRESON ILL. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MR. AlFonso SRAPER (D)	Lizzie BRUMAGIN (O)
	INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service) 197-03-6152 D	FREDERICK MEMORIAL HOSPITAL
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LENGES Live	Yeart Julie Atmosts
DUE TO	
Canditions, if any, which)	the there were
gave rise to immediate	
lying cause last	
, (0)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)
	PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (Caunty) (State
Haur a. m. While Not while of wark at wark at wark	factory, street, affice bldg., etc.)
	5/14 1/0. 5/00 10/100
21. I certify that (I) (this haspital) attended the deceased fram	76
	death accurred at M, from the causes and an the date stated above
220. SIGNATURE Lihard C. Cumulas	ATTENDING MED. STAFF SIGNE
22c. PHYSICIAN'S NAME (Type) Picherd C. Reynolds, Vall	22d. ADDRESS
Richard C. Reynolds, M.D.	9, E. Church St. Frederick, Md.
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Lord shawer Danner June 1
20112121 1000 MO OTTAG	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
24. FUNAY PIREOS S PONTRAL. HOME ADDRESS FREDERICK,	161
The state of the s	DATEMAY 23 '60 Called & Kenna



	5887	CERTITIO	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Fred	erick	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla	nere deceased lived. If institution b. COUNTY	ion: Residence befare admission) Frederick
b. CITY OR TOWN (If a RURAL and give near Frederick—	outside carporote limits, write rest town) Rural RD#7	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF o	outside corporete limits, write f Rural RD#7	RURAL and give nearest town)
Rocky Spri	L (If not in hospital, give street ags	address)	d. STREET ADDRESS Rocky Spring	ngs	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	First ABBIE	MARIE	SHAFER	4. DATE Mor OF DEATH	May 1, 1960
s. sex Female	White WIDOW		8. DATE OF BIRTH 6 April 1890	9. AGE (In years last birthday) 70 yrs.	Months Days Hours Min.
Oo. USUAL OCCUPATION during most of working HOUSE-W	(Give kind of work dane 10b. on life, even if retired)	At Home	JSTRY 11. BIRTHPLACE (Stole Maryland	or fareign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME Samuel For	rney		14. MOTHER'S MAIDEN N Ada Rhoad		
	IN U. S. ARMED FORCES? 16. yes, give war or dates of service)		informant ames E. Shafei	r (Same as ite	dress em #1)
Conditions, if ony gave rise to imm cause (a), stating the lying couse lost.	mediate (relied on Juricull Ilris-Sc	ar Feler levalie to	illation last de	3 Luks.
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING I	R SIGNIFICANT CONDITIONS CONDITIO	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI		VEN IN PART 1(a) 19. WXS AUTOPSY PERFORMED? YES NO 1
O (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.	EDICAL EXAMINER)	Nat while fo	LACE OF INJURY (Home, farm actory, street, affice bldg., etc		(County) (Stote)
21. I certify the alive an	arles H. Conley	villy	M.D. 228 N. Mar	P /	2.,that I last saw the decease and on the date stated abov , state) DATE SIGNI 4 May 1960
220. BURIAL, CREMATION BREMOVAL (Specify)	22b. DATE THEREOF 5-4-60	22c. NAME OF CEMETERY Of Mount Olivet		22d. LOCATION (City, town, Frederick, M	
23. FUNERAL DIRECTOR'S M. R. Etchi	signature ison & Son, Fre	ADDRESS ederick, Maryl	and	*****	ISTRAR'S SIGNATURE

may be gined by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 2 how, after death. TO FUNE

酮

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page A VS A15 (4) 15M 9/55

1		CERTIFICA	1000	
			3.87	
	Company and a			
0007				
			The state of	
	et) ensit vene			
	4			
	dayan (Land South
bush	e e		- Hear of the Tell	
Manager , in a manager			0.00	T. A. SAMER
		e	The Control of the Control	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5701

05767

0101	02111111111			
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where d	deceased lived. If institution: b. COUNTY	
Frederick	MAKTLAND	Marylan	d	Frederick
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside 35 Brunswick	e corporate limits, write RUR	AL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	3	e. IS RESIDENCE ON A FARM? YES NO
Memorial Hospi		24 Marylan		113 110
3. NAME OF DECEASED (Type or print) Horace	Gregory .	C .	DATE Month OF DEATH MAY	30 1960
5. SEX Male 6. COLOR OR RACE 7. MARRI White Widowe	The state of the s	B. DATE OF BIRTH 3-12-1889		UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) Retired Yard Master B	.&.O.R.R.CO	STRY 11. BIRTHPLACE (Slole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		V
John S.Sig	2foose	A	nnie Staub	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (1es, no. or untrouwn) (If yes, give war ar dates of service)		IFORMANT	Address	
) NO	M	es. Mande Welt	y, Martinsbu	rg, W. Va.
Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying cause last. DUE TO DUE TO (b) DUE TO	hranic Br	rachitis		20 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1 the is	towach		I IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While at wark	Nat while for	ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that (I) (this haspital) attend saw the deceased alive an May 29	ed the deceased fram.	May 16 1960 leath accurred at 2M,		an the date stated above.
220. SIGNATURE V. Ch	/	M.D. ATTENDING MED.	STAFF _	5/30/60 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Heary V. Ch	ase	4 E. Churc	hst Fre	derick,14d
23a. BURIAL, CREMATION, 23b. DATE THEREOF BENOVAL (Specify) 6-3-1960	23c. NAME OF CEMETERY O		LOCATION (City, lown, or o	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY		RAR'S SIGNATURE
	ick, Maryland		100	of S. Kraus

may be __med by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

ers after death. Page 4

TO HOSP VR A15 (4) 15M 9/59

Tabacon. caretants, attack Ton. Newdows Dury, Department of the And the control of th and the terminal of the land

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please executed certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the final director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be received for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

d

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH MEDICAL EXAMINER'S

(15768

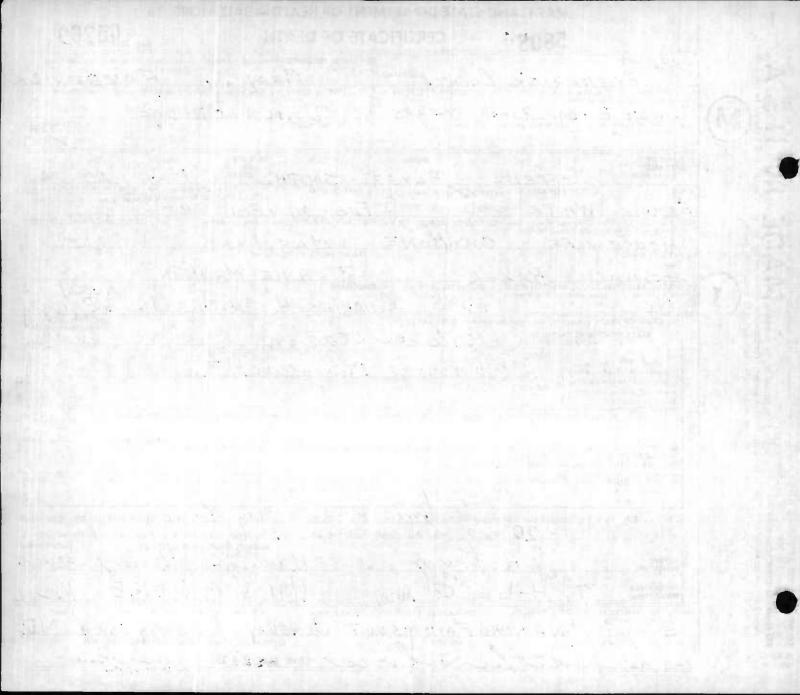
		and the file		0-0-00 60			wear ping it	٠.
PLACE OF DEATH	Frederic	K	MARYLAND	2. USUAL RESIDENCE o. STATE MAY	(Where deceo		ution: Residence be	
b. CITY OR TOWN I	If autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	RURAL ond give	neorest town)		
	Frederic	C	D.O.A.	× Woo				
d. NAME OF HOSPIT	TAL OR INSTITUTION (I	f not in hosp	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
Freder	ick Memoria	al Ho	spital	/			VIELE, II	YES NO
3. NAME OF DECEASED (Type or print)	Alvey	•	Middle Newton	Smith	4. DATE OF DEATH	Mont 5	b Doy 31	
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED	April 21.	1918	42 yrs.	Months Days	Hours Min.
Machini 13. FATHER'S NAME	ng life, even if refired)	Tre	d. Iron + Stee	PY 11. BIRTHPLACE (Stole Freder) 14. MOTHER'S MAIDEN	lek Co			S A .
	Cond Ala					wee		
George C	VER IN U. S. ARMED FOR	creo la	and an analysis of the same	Lucy C.	Ornac			
NO 18. CAUSE OF DEA	(If yes, give war at dates at s	21	5-18-1095 m	ro Louise	2. S	with,	Doods	Pro M
Conditions, if gove rise to imme (o), stoting the couse lost.	underlying DUE TO	Old	riosclerosi Posterior C	oronary -h	ealed			
<u> </u>			NTRIBUTING TO DEATH BUT N					PERFORMED?
200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	INTRIBUTING []	DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Po	ort I or Port II	of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.		While	NJURY OCCURRED 20e. PLAC Not while factors of work	CE OF INJURY (Home, for ory, street, office bldg., et	rm, 20f. (City	r ar town)	(County)	(State)
21. I certify t	hot I took charge	of the re	emains described obo	ve, held on Autop	sy 🔲, I	nspection .	Inquiry	, and in my
opinion deoth	resulted from: N	Naturol c	ouses . Accident	, Suicide ,	Homicide	. Undete	rmined monn	er 🔲
ACTUAL SIGNATURE	3 Otho	me	21	_M.D. CHIEF MEDICAL I				DATE SIGNED
EXAMINER'S NAME (Type)	B. O. Tho	mas,	M. D.	DEPUTY MEDICAL		,		5/31/19
Bures	2 0/3/60	7	Rocky Hill	CREMATORY	22d LOCA	TION (City, town,	bord	(Stote)
3. FUNERAL DIRECTOR	asten.	11)00	ADDRESS!	md. DATE J	D BY REGIST		STRAP'S SIGNATU	

10x1+9501105 CAR AND ADDRESS OF THE WAY OF THE AREA CONTRACT OF THE PARTY OF THE PA STREET, of the . A. S. U. . Ed. . Value Dechart Taxofin Orbital a language and was more 0. In famous of an A. C. C. named dance electrolischeden Called - Transposed medicates Alo

VS A15 (4) 1SM 9/SB

	580	3	CERTIFICA	TE OF DEATH		Reg. D	05.769	
UNION	REDERIC WN (If outside corporate lin jive nearest town) BRIDGE OSPITAL (If not inhospito),	ORAL Y	MARYLAND THE STAY IN 16	2. USUAL RESIDENCE (Who	RY/AND utside corporate limit	COUNTY	e. IS RES	2/0/
	6. COLOR OR RACE White	WIDOWED D	DIVORCED	Lost MITH DATE OF BIRTH LEB 20 IRY 11. BIRTHPLACE (Sfote	881 7	Months yrs.	20 R 1 YEAR IF UND	Min.
during most of HOUS 13. FATHER'S NAM T S A	f working life, even if retire	DWN A KER RCES? 16, SOCIAL SE	HOME	14. MOTHER'S MAIDEN N	LAND	TON Address	U.S.	20=
Conditions, gave rise cause (a), stellying cause		o) Lleui	te dil	Myoca	rditi	0	INTERVAL BE ONSET AND Such	DEATH
CERTIFICATION OF CONTRIBUTION	AT WAS UNDERLYING THE TRANSPORT OF DEATH OTHER MEDICAL EXAMINER)	20b. DESCRIBE HOV	V INJURY OCCURRED	NOT RELATED TO THE TERMING. (Enter nature of injury in P	art I or Part II of ite	em 18.)	PERFC YES (County)	ORMED?
21. I certif alive an ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type) 220. BURIAL, CREM	y that I attended the	While of work	while fact	b, 1960, ta faccurred at 6f	May 18- M, from the co ADDRESS (Street, city ON B1 22d. LOCATION (Ci	, 180, that I luses and on the or topin state) RIPG	last saw the date states	d abave re signer 21-61
REMOVAL (SP		3,1960 FA	IR MOUA	T CEMETE	BY REGISTRAR	PERTY 7	TOWN	MD

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18



FOR STATE HEALTH DEPT.

6

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please executed certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the grain director. Page 4 show, are forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be removed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Highlith, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. H

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 578 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. (15771)

1.	DIACE OF DEATH O. COUNTY Frede:	rick		MA	RYLAND	2. USUAL RESIDENCE		d lived. If institu		e before add	
	b. CITY OR TOWN (If o		RURAL	c. LENGTH OF STA	-	c. CITY OR TOWN		scate limits, write			
	Frederic	8		Life		// Freder		raio minio, mine	nomic dio g		,
	d. NAME OF HOSPITAL		not in hos	pital, give street add	ress)	/ d. STREET ADDRES					RESIDENCE
-	rederick	Memorial	Hos	pital		205 Grov	ve Bbvd	•			NO NO
	NAME OF DECEASED (Type or print)	Gorde		Wilber		purrier	4. DATE OF DEATH	May		Day	Yeor 1960
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	IED 8.	DATE OF BIRTH	19	P. AGE (In years	IF UNDER 11	EAR IF UN	DER 24 HRS.
	Male	White	WIDOWED	DIVORCE	0	Feburary	4,1909	5I yrs.	Months De	ays Haurs	Min.
1 -	during most of working leal esta	life, eyen if retired)	-	O years	OR INDUSTI	r 11. BIRTHPLACE (SI		untry)		S.A.	T COUNTRY?
13	FATHER'S NAME					14. MOTHER'S MAIDER	N NAME		200		
	Derse	y W.Spuri	ier			Dora Ba	all				•
15	Yes	NOTIA V		SOCIAL SECURITY N	-	rormant Irs Grace	Spurri	Address er 205	_	deric e Blv	k,Md.
	18. CAUSE OF DEATH	Enter only one cau	e per line t	far (a), (b), and (c).]						INTERVAL BETY	WEEN
		WAS CAUSED BY	A	cute Cor	conar	y Thrombo	osis			I5 m	inutes
	450.	DUE TO									
	Canditions, if any										
	gave rise to immedia (a), stating the ur										
	couse fast.) (c).									
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	oitions co	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS PERF YES Z	ORMED?
	PRIMARY OF CONT CAUSE OF DEATH.	E WAS TRIBUTING []	. DESCRIBE	HOW INJURY OCC	URRED. (Er	ter nature of injury in I	Part I ar Part II a	f item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. I While at wo		20e. PLAC facto	E OF INJURY (Hame, for ry, street, affice bldg.,	orm, 20f. (City o	or tawn)	(Caunt	γ)	(State)
	21. I certify the	at I took charge	of the r	emains describ	ed obov	e, held on Auto	psy X, Ins	pection .	Inquiry	Π. α	nd in my
		esulted from: N					- brand	, Undete			
1	ACTUAL SIGNATURE	BUTT	0	nas	_	M.D. CHIEF MEDICAL	EXAMINER TO			DATE	SIGNED
	EXAMINER'S NAME (Type)	B.O. Thon	nas,M	.D.			AL EXAMINER	-	8,19	60	
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY OR	REMATORY	22d. LOCATI	ON (City, town,	or county)	(Ste	ote)
	Burial	May 11,	1960	Mt. Oliv	et Ce	metery		erick. N	[arvlan	d	
23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	le 3/-	7 1	EC'D BY REGISTR	AR 24b. FEGIS	TRAK'S SIGN	ATURE	
4	Hokert	TANK	exf	Frederic	K, Ma	ry Land DATE	MAY 12'	60 C	Inthun S.	Thate	
	1,00		V /								

- STATE SOL

mir piptes boay of the	E DE L'ARTE			
	The state of		the state of the s	70.007
	.bvd svermida		N. Lothenson	
		att and it	no ved 5 ve	
		WHITE COME OF THE		
	the first of the second		cow to both	
	257 1880 18		10 mg a	
	Establish Co.		atome , las	0
W. Addings of the	THE RESERVE AND THE PARTY OF TH			
	15 11 10 10 10 10 10			3679
	oliname rait.			
	Colonia III astili 3			
		Anan du		
3000				
	Indian Viola	at which the	MA LANGE	Lebus
		ant molectors in		

5809	CERTIFICATE OF	DE
------	----------------	----

CERTIFICATE OF DEATH	Reg. Dist. U.577

0083	Reg. I	Dist. Wo.
1. PLACE OF DEATH O. COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution; Resid o. STATE Maryland b. COUNTY	ence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#6 30 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL one Frederick - Rural * R.	11 /
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) ORJNSTITUTION Jug Bridge	/d. STREET ADDRESS Jug Bridge	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) GLENNA MAY	STALEY OF Month May	15, Year 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	1 3 000 lest birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WORK **HOME	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. C Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles E. Routzhan	Ida May Long	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) (If yes, give wor or dotes of service) None None	Mr. John H. Staley, Sr. —Same	as Item #2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)	ra y Sigmoid	INTERVAL BETWEEN ONSETAND DEATH
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
	JRRED. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While of work at work	e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
ACTUAL SIGNATURE Charles H. Conley, J. P. P. P. Conley, J. P. D.	oth occurred of 6:12 Am, from the couses ond on ADDRESS (Street, city or town, stote) Professional Building	l lost sow the deceosed the dote stoted above DATE SIGNED 5/16/1960
22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETER		(State)
Burial May 18,1960 Mount Oliv	et Cemetery Frederick,	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son. Frederick. Mar	240. REC'D BY REGISTRAR 246. REGISTRAR'S CALLING S. Ha	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be ained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely file. In by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 22 hours after death.

VS A15 (4) 15M 9/S5

ATE OF DEATH	2PHT/40
of a de land - goldstaff	
the colorest and 2007 in the colorest in the c	Const Company of Control of States
Small gail on	mala over a deviated
The section of a section of the section of the section of	
The Land of the La	.I. F. Comment of the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

5787

05772

		0.03								
	LACE OF DEATH	ederick	MARYLAN	0 51	AL RESIDENCE (WE ATE Marylar		d. If institution: b. COUNTY		efore admission)	
Ь	RURAL and give neare	utside corporate limits, writest town) ederick	te c. LENGTH OF STAY IN	1b c. C	TY OR TOWN (If o	- R.F.D.			nearest town)	
d	OR INSTITUTION	(If not in hospital, give strong Memorial Ho		/ d. s	TREET ADDRESS	ew Marke			e. IS RESIDENCE ON A FARM YES NO	2
E	AAME OF DECEASED Type or print)	CARL	Middle MERCER	57	Last	4. DATE OF DEATH	Month	/ /	Day Year	2
5. S	EX M		ARRIED NEVER MARRIED [B. DATE	3 /00	9. A		Months Doy:	AR IF UNDER 24 H s Hours Min	
	USUAL OCCUPATION during most of working	life, even if retired)	Ob. KIND OF BUSINESS OR IN Painter	NDUSTRY 11.	BIRTHPLACE (State Marylar		у)	12. CITIZEN	OF WHAT COUNTS	łY?
13. [ATHER'S NAME			14. MG	THER'S MAIDEN N					
1		les I.Steve				J. Cru				
		N U. S. ARMED FORCES? res, give war or dates of service)	16. SOCIAL SECURITY NO. 1233-05-6804A		ellie Roo	derick;	R.F.D.	"#1 ry, Mar	ryland	
	Conditions, if any, gave rise to improve the lying couse lost.	rediote (Broncho	pnec	140011Z	7			NSET AND DEATH	
CERTIFICATION	PART II. OTHER A P P P 20g. ACCIDENT WAS II. OR CONTRIBUTING II. (IF EITHER, NOTIFY ME	Fron both	NS CONTRIBUTING TO DEATH	se of	A.5	23mgrc	ne both		19. WAS AUTOP: PERFORMED? YES NO)
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.		d. INJURY OCCURRED 20e hile Not while work of work	e. PLACE OF I factory, stre	NJURY (Home, form et, office bldg., etc	a, 20f. (City or t	own)	(Coun	ty) (Sto	ote)
		- 1	ended the deceased from 19.60, and the	at death a	courred at 22	M, fram the	causes and			ve.
	22c. PHYSICIAN'S NAME (Type)	1 H. P;	1gran	M.D. PH	ADDRESS	RECTOR D P	TAFF HYS. []	70(.	5/11/6	0
230.	BURIAL, CREMATION,	23b. DATE THEREOF 5/14/60	23c. NAME OF CEMETER Mt. Zior			23d. LOCATION Fre	(City, town, or derick,	1/-	(Stote) aryland	
24. 1	M. R. Etch		Frederick, Mar	yland		D BY REGISTRAR	2Sb. REGISTI	RAR'S SIGNA		

the attending physician and completely filled in by the funeral director, Then pleose remave carbon popers. Pages 1 and 2 should be filed with moybe need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use os the buriol-transit permit. Then please remave carbon popers. Pages I the State Board at Health priar ta burial, crematian, ar removal, and in ony event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Pars after deoth. Page 4

TO HOSP VR A1S (4) 1SM 9/S9

deliverti				
The second second	4			
		Andrew Land	Action is blocked by	
	Shelyick)			
			son and party	
ę ę		in half and a second		
	Service San San San	: Frederick, Repon	nee a needlede	

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	rppo
	5785 CERTIFICATE OF DEATH Reg. Dis	5773
director with	1. PLACE OF DEATH o. COUNTY FYER DESIGNATION: Residence of STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE o	ce before admission)
Derig Il Go	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neprest town) RURAL and give neprest town) 2 DAYS RED 2 Fred 4.1	
d 2 sho	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FUEL RICK Memorical Hosp	e. IS RESIDENCE ON A FARM? YES NO
fill ges I on	3. NAME OF DECEASED (Type or print) John Frankin Stone T. DEATH Many	Doy Yeor 3 / 19 6 4
s. Pog	lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
and comp bon poper er death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 11. CITI	IZEN OF WHAT COUNTRY?
corbo corbo ofter	John Frank 1-4 Stone, So. Catherine Virginia	Mosen
ing physic e remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address You unknown (If yes, give wor or dates of service) NO NO NO NO NO NO NO N	
ottendi	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Fetal Atelectasis	INTERVAL BETWEEN ONSET AND DEATH At birth
by the nit. The	Conditions, if any, which) (b)	
on. signed sit perm	gove rise to immediate cose (a), stating the <u>under-lying couse last.</u> (c)	
physicie physicie as been included in the physicie as been included in the physicie and included in the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
Ficote h	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
bis certifus of the certifus o	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	ounty) (Stote)
hospith After thed for iriol, cr		ast saw the deceased
ECTOR:	alive an 3 / Mary 19 (15), and that death accurred at 1 / M, from the causes and an the ADDRESS (Street, city or town, state) ACTUAL SIGNATURE A.M. D. W.D. / M. & df (al. Cent	DATE SIGNED
should stror pri	PHYSICIAN'S A. M. POWEII, Tr. Fraderick and.	
FUNE FONE Boge 3	220. BURIAL, CREMATION, Page 120. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL JUNE 2-1960 MT HOPE WOODS BORO	(Stote)
VS A1S (4)	23 FUNERAL DIRECTOR'S SIGNATURE Woodsbarders md 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Woodsbarders Md DATEJUN 3 '60	NATURE
Noss 6/60	5 0 6 9 3 1 3 X V 4	Focus 4

DEATH							
			Mini de l'Anno Lango				
					1.0 Mg/l-1.0		
			STATE OF	200			
	COLUMN AND ADDRESS OF THE PARTY						
Seminario de la companio							
Married Philippin States		1					

the registrar

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05774

5786 **CERTIFICATE OF DEATH**

D	Ph. A	N
Reg.	DIST.	NO.

1. PLACE OF DEATH o. COUNTY		o. STATE	- h COUNTY	
Frederick	Maryland Frederick Corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) Life Frederick Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) Life Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) Life Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) Life Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) Life Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) Life Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) Life C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town.) C.	Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Frederick		11		JRAL ond give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE
Frederick Memorial Hosy	pital	226 Carroll	Parkway	YES NO
3. NAME OF DECEASED (Type or print) August First		TROUT	4. DATE Mant OF DEATH Man	th Day Year 2 1960
S. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		ctober 5, 19	01 58 birmdoy/	Months Doys Hours Min.
during mast af working life, even if retired)				12. CITIZEN OF WHAT COUNTRY? Maryland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Samuel C. Trout		La		
(Yes, no, or unknown) [(If yes, give wor or dates of service)				
No 2	19-36-3099 Mr.	J. David Tr	coun- Frederic	k, Maryland
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost. (b) DUE TO	CONTRIBUTING TO DEATH BUT NO	The Breas		2 gears EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO F
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	Enter noture af injury in Po	ort I ar Port II of item 1B.)	
Hour a.m. While	Not while foctor	OF INJURY (Hame, farm, y, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
ACTUAL A. A. G. SIGNATURE		East Church	n, from the causes and DDRESS (Street, city or lown, sa Street	d an the date stated above.
PHYSICIAN'S A. A. Pearre, M.	D.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick d. STREET ADDRESS e. IS RESIDENCE ON A FARM. YES NO [Last DATE Manth Day Year TROUT DEATH Manth Day Year TROUT DEATH Manth Day Year TROUT DEATH Manth Day Year Detail Death Death Death Day Year Detail Death Death Death Day Year Detail Death Death Death Death Death October 5, 1901 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 H October 5, 1901 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 H October 5, 1901 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 H Maryland Days Hours Min JUSTRY 11. BIRTHPLACE (State or foreign country) Maryland IA. MOTHER'S MAIDEN NAME Laura R. Biehl IA. MOTHER'S MAIDEN NAME Laura R. Biehl INFORMANT 738 North Maryland INFORMANT 738 North Maryland INTERVAL BETWEEN ONSET AND DEATH TOOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED Y YES NO DED. (Enter noture af injury in Port 1 ar Port II of item 18.) TOOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP		
220. BURIAL, CREMATION, BURIAL (Specify) May 6,1960				
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ADDRESS rederick, Maryla	nd DATE MA	BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE

Friedrick 15 Trade in the second as the second sec I the desired to the latest the second section of the second beside the second of the second of the second of the second Sugar V. League e and complete the tentram salgores d'accident le la company de The state of the s the company of the second seco Chemica destinate distribution of the property Laborated to the control of the cont the state of the s 22 L 1774 C. 2. Superior Law, Maderick, Mittale

urs after death. Page 4

TO HOST OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 2 may be alread by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Poges 1 of the registror prior ta burial, cremotion, or removol, and in any event within 72 haurs after death.

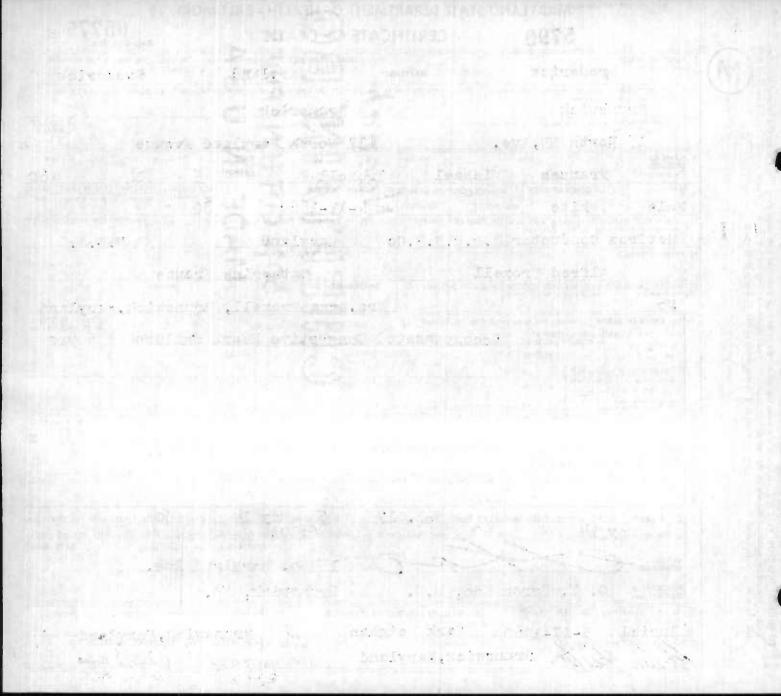
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5790

CERTIFICATE OF DEATH

05775 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	rederick		MARYLA		o. STATE Mar	Where deceose yland	ed lived. If instituti b. COUNTY	-	7		
RURAL and give ne	outside corporate limi arest town) SWICK	ts, write	c. LENGTH OF STAY IN	v 16	6. CITY OR TOWN (I		orote limits, write R	URAL ond	give ne	prest town)
OR INSTITUTION	AL (If not in hospital, g	ve street	oddress)	1	d. STREET ADDRESS	Maryl	anfi Ave	nue		ON A	FARM?
3. NAME OF DECEASED (Type or print)	Frances		Middle ichael	ا مرال	last Xell	4. DATE OF DEATH		7),	Do	,	
5. SEX	6. COLOR OR RACE		RIED PANEVER MARRIED		ATE OF BIRTH		9. AGE (In years				
Male	White	WIDOWI	ED DIVORCED	0 4	-12-1880)	80 yrs.	Months	Days	Hours	Min.
Retired	ON (Give kind of work ing life, even if retired Conducto)	& ORRR	0	Maryla	nd	country)				OUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN						
	Alfred Tr					herin					
	RIN U.S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
No				Mrs	.Lena Tr	oxell	Bruns	viek.	Mar	ryla	nd
CATIC	the <u>under</u> DUE TO (c) ER SIGNIFICANT CON) DITIONS (CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	RMINAL DISEA:	SE CONDITION GIV		RT 1(a) 1	9. WAS A	AUTOPSY RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature of injury	in Part I or Po	rt II af item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Doy, Ye	or 20d. It While at wor	_ Not while _		OF INJURY (Hame, for, street, affice bldg.,		y or tawn)	(County)		(Stote)
21. I certify the alive an May Actual SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION	C. T. By:	ron I	ed fram Feb.	<u>Д</u> м.о	15 So. Brunsw	AM, fram ADDRESS (S Mary	the causes an Street, city or town, Land Ave Md.	d an the		e stated DAT	abave. E SIGNED
REMOVAL (Specify) RUPIA	5-17-10		Park He	ight			carporote limits, write RURAL and give nearest town) County C				
23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS Swick, Mary	land		EC'D BY REGIS		e. IS RESIDENCE ON A FARM? YES NO Month Day Year 1960 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 80 yrs. Months Days Hours Min. White Mary and Interval Between ONSET AND DEATH			



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delate is necessary, please executed certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the proof of director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit popular. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, ar remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

0 -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Dist	5	7	7	0
Reg.	Dist.	No	.0	0	U

		weg.	DIST. IVO.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Res g. STATE b. COUNTY	idence before admission)
b. CITY OR TOWN (If autside corporate fimils, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest fown)
Frederick-Rural-R.D.#5	Minutes	Shade Gas	75X-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	e. IS RESIDENCE
Junction of U.S. 40 & 40) A		YES NO
3. NAME OF DECEASED (Type or print)	Middle	Lost A. DATE Month OF DEATH May	Doy Yeor 20, 19 60
5. SEX 6. COLOR OR RACE 7. MARRIE		Manths	ER TYEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K		RY 11. BIRTHPLACE (Stote or foreign country) (12) (ITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)		Austinadon Cal	1150
13. FATHER'S NAME	1 /	14. MOTHER'S MAIDEN NAME	and a
Portes ! Wa	totors	alice armintha	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IN	FORMANT Address	
Ues WWII		John Y. Kelso MCG	nnellsburg
Je. CAUSE OF DEATH [Enter only one cause per line f	or (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DEC	APITATED HEAD		Instant
N/6 X DUE TO			
(b)	SHED CHEST		11
(a), stating the underlying cause tast. (b) GO MUI	tiple Fracture	9	11
PART II. OTHER SIGNIFICANT CONDITIONS CO	ntributing to death but n	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 2
	med in fr		
House em. while	Not while facto	E OF INJUST (Home, form, 201, (City or town) (City or town) 1204. (City or town) 1204. (City or town)	county) (State)
21. I certify that I took charge of the r	emains described abov	ve, held an Autopsy 🔲, Inspection 🗷, Inqu	iry , and in my
opinion death resulted from: Natural c	auses , Accident	, Suicide , Homicide , Undetermined	manner
ACTUAL BOOKsons	as	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S B. O. Thomas, M	1.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	5/21/60
220. BURIAL, CREMATION. 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, jawn, or county	(State)
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 124b. REGISTRAR'S	SIGNATURE
M. R. Etchison & SON, Free	derick, Md.	DATEMAY 24 '60 Orthur &	

	SASSO TO TO THE OWNER SAME	
AVVIOLE HE	MINTA CLUNCTONAL	
	the second of the second	
	The state of the second	
11		
11	man Breelin The State Co.	
	Committee of the commit	
The second secon	Park St. Especial Control of the Con	

AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 bours after death. Page 4

1	
he funeral director,	hould be filed with
he attending physician and campletely filled in by the funeral director	then please remove carbon papers. Poper 1 and 2 should be filed with
ician and cam	e carban pape
attending phys	en please remov
-6	, č

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEATH

87	CERTIFICATE	OF

Reg. Dist. No. 777

	5787		CERTII	FICA	ATE OF DEA	HTA		Reg. D	1.15	77	7
1. PLACE OF DEATH o. COUNTY	Frederic	c	MARYL	AND	2. USUAL RESIDENCE G. STATE Mat	E (Where deceo	sed lived. If instituti b. COUNTY		nce befo		sion)
b. CITY OR TOWN (I RURAL ond give no Frederic		ts, write	c. LENGTH OF STAY I	N 1b		N (If outside corderick	porate limits, write f	RURAL ond	give nec	prest low	n)
OR INSTITUTION	AL (If not in hospital, of Memorial				d. STREET ADDRE		th Street			ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fig BEI	RTHA	Middle HENDF	RICK	S WEHLE	R 4. DATE OF DEAT	700	144	1		Year 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED		June 24,	1.864	9. AGE (In years last birthday) 95 yrs.	IF UNDER	Days	Hours	ER 24 HRS. Min.
10o. USUAL OCCUPATION during most of work House—W	ing life, even if retired	done 10b. I	At Home	RINDUS	TRY 11. BIRTHPLACE (Penna		country)		TIZEN C	F WHA	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME					
Jose	ph H. Hend	rieks			Car	therine	Hunsicker	r			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17. IP	FORMANT		Add	lress			
(Yes, no. or unknown)	(If yes, give wor or dates of s		None	Mi	ss Katheri	ne Wehl	er-Same as	s Ite	m #2		
IB. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (a) (b) and (c)]								ETWEEN
		-	0 101 (0)1 (0)1 0110 (0)1			,		1	ONS	SET AND	DEATH
164	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		arcinon	14	of as	cenau	ug Col	on			
133	DUE TO	_	01	,	1	1 1.	on of Co		1		1
Conditions, if a		C	Closed	10	OP 0051	ructie	on of Ci	ecun	1 6	MI	2.
gove rise to in cause (a), stoting											
lying cause lost.) (c)									
PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION GIV	VEN IN PAI	RT 1(a) 1	PERF	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURREC). (Enter nature of inju	ry in Port I ar P	art II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. IN While at work	Not while	20e. PLA fac	CE OF INJURY (Home, tory, street, office bldg	, form, 20f. (C	ity or town)		(Caunty)		(State)
21. I certify the alive on 191	at I attended the May	decease , 190		death	occurred of 12:	15P M, fo	om the causes of (Street, city or town, Center	and on t	the da	te stat	ed above
PHYSICIAN'S NAME (Type)	Melvin E.	Lea,	M. D.		Freder	ick, Ma	ryland				
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	June 23,		Mount Oliv	-			ATION (City, town, derick,	or county)	N	(Sie	
23. FUNERAL DIRECTOR	S SIGNATURE	1000	ADDRESS		240.	REC'D BY REG	ISTRAR 24b. REGI	STRAR'S SI	GNATU	RE	***********
M. R. Etch	ison & Son	, Fre	derick, Mar	ryla	nd DAT	E MAY 24	'60 C	Irthun .	8. the	MA	

TO FUNE TO HOSP VS A15 (4) 15M 9/55

E OF DEATH	CERTIFICATION CE
	Tanking to the same of the party
	Charles and the contract of th
The state of the s	
	Andperson Grant to be to be to be
	AND STATE OF THE PARTY OF THE P
	Tarres Elements State 4 acres
The form of the state of the st	
	THE RESIDENCE OF THE PARTY OF T
	Call of the control of the call of the cal
The same was the Figure Board of the State o	The second secon
CANALA CONTRACTOR CONT	
Phuspani Sarabasi	
	Samuel Control (No. 1) and the first of

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		(15	7	7	5
Reg.	Dist.	No.		•	1

	- 1177						Keg, Di	II. NO.	
1. PLACE OF DEATH o. COUNTY	rederick	MARYLAND	2. US	UAL RESIDENCE (WHOSTATE Maj	ere decease	- L COUNTY	-	rederi	7.75
RURAL ond give r	(If outside corporate limits, whereast town) Rural - R.F.D.	113	1 4	CITY OR TOWN (IF o			***	give nearest l	lown)
d. NAME OF HOSPI OR INSTITUTION Feagavi	TAL (If not in hospital, give t	street oddress)	/ d.	STREET ADDRESS Feagavil	le			01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First EMORY	Middle SAMUEL		tost WHIPP	4. DATE OF DEATH	Mon	th ay	Doy 5	Yeor 19 60
5. SEX Male		MARRIED NEVER MARRIED DOWED DIVORCED		tober 28,	1880	9. AGE (In years lost birthdoy) 79 yrs.	IF UNDER Months	1 YEAR IF U	NDER 24 HRS.
100. USUAL OCCUPATI during most of wor Laborer	ON (Give kind of work done rking life, even if retired)	106. KIND OF BUSINESS OR INDU	JSTRY 11	BIRTHPLACE (Stole of Maryla)	200	country)	12. CIT	IZEN OF WH	HAT COUNTRY
13. FATHER'S NAME			14. A	AOTHER'S MAIDEN N	IAME				T116
Da	niel M. Whipp				Mary	J. R. My	ers		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service		INFORM	ant Iary V. Go	odsel	Addi 1—Same as		#2	
Conditions, if a gove rise to couse (o), stoling lying couse tost.	immediate DUE TO	Idrone of G Malmit	ule	ealzi	esf C	citero 5		3:	no
20g. ACCIDENT W	Ole /f	ONS CONTRIBUTING TO DEATH BU	a	reknel	0		EN IN PAR	PE	RFORMED?
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED 20e. PI While Not while for work of work	LACE OF	INJURY (Home, form, reet, office bldg., etc.	, 20f. (Cit	y or town)	(0	County)	(State)
21. I certify to alive on actual signature PHYSICIAN'S NAME (Type)	hat I attended the de	1960 and that death		Jefferson	P.M. fra	street, city or town,	ind an tl		
220. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY C			22d. LOCA	TION (City, town, o			Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		240. REC'I	BY REGIS	TRAR 246. REGIS	TRAR'S SIG		
M. R. Etch	ison & Son, F	rederick, Maryla	md	DATE MA	AY 1 0	ou a	rlow &	. Times	

DEATH MAN AND MILES	RO BTA	CERTIFIC		
		att /TXAS	St. No. 1.	ADMINISTRATION
			a a a man	-10
و ا				
THE REAL PROPERTY AND ASSESSED.				
		•		
			mgless 1 let	
	real ara			
Case of the Country Section of the Institute of the Case of the Ca			41. 4. 10%	
		1 5 5 6 6		

FOR STATE HEALTH DEPT.

TO DEPUT MEDICAL EXAMINER: This certificate shaufd be executed within 24 hours after death. If any delex is necessary, please executed certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the gold ald direction. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be released for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any every within 2 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 79 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5788

	LACE OF DEATH	rederick		MARYLAND	- 11		ryla		b. COUN	D/	deri		ission)
b	CITY OR TOWN (I ond give nearest town Freder		RURAL	c. LENGTH OF STAY IN 16 Years		11		outside corp	orote limits, write	RURAL and	give ne	oresi ta	wn)
C	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS						e. IS RESIDENCE	
	200 Eas	st Church St	reet			/ 200	Eas	st Chu	rch Str	eet			NO A
	NAME OF DECEASED (Type or print)	Fire		Middle RHODES		WHIPP		4. DATE OF DEATH	May	lh	Day 24.		9 60
5. S		PAT			8 DA	TE OF BIRTH			9. AGE (In yours	IFUNDER			ER 24 HRS.
0. 3	Male	White	WIDOWI			ril 11,	19		tost birthday) yrs.	1	Days	Hours	Min.
10a	USUAL OCCUPATION Most of working most of working Teller	ON (Give kind of wark on glife, even if relired)	ione 10b.	Nat. Bank	TRY		(Slole o		ountry)	12. CITI	ZEN OF		COUNTRY?
	FATHER'S NAME				14.	MOTHER'S MA	IDEN N	AME					
	Dav	vid C. Whip)			Ma	ude	SKERIK.	Krepa	5	56		
15. [Yes	WAS DECEASED EV	(If yes, give was or dates of	rarnica)			emant sonal Re	cor	ds	Addres				
MEDICAL CERTIFICATION	20o. EXTERNAL CA	diate cause underlying DUE TO (c) HER SIGNIFICANT CON USE WAS NTRIBUTING 20	-	CONTRIBUTING TO DEATH BUT						VEN IN PAR			AUTOPSY RMED? NO K
	20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Doy, Yes	Whi al w	ile Not while for	tory.	OF INJURY (Hom street, office bld	g., elc.)		er lown)	(Cou	unty)	\	(Slole)
	21. I certify that I took charge af the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Noturol causes , Accident , Suicide , Hamicide , Undetermined manner												
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	0.0	422	ras		D. CHIEF MEDI ASSISTANT	CAL EX	AMINER []	<u>,</u>			DATE	/19 6 0
220	REMOVAL (Specify	5-27-60	F	22c. NAME OF CEMETERY O				1 1	TION (City, town,		7	(Slot	
23.	FUNERAL DIRECTOR M. R. Et	R'S SIGNATURE	on, F	ADDRESS rederick, Mary		240	REC'D	BY REGISTI		ISTRAR'S SIC	SNATUR	E	inia

				Prostant Control	
				Table - All	
multiple Thous	all the metty decide consultations		with Street		
			con edillic		
		than to.			1
	ent observe links				
	alvertali Lucero	4 Object	211		
	Fillian Daniel Daniel F				
		· · · · · · · · · · · · · · · · · · ·			
\ _\			· · ·		
	es distribution de la constitución de la constituci				

VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05780 Reg. Dist. No.

	U				Reg. Dist. 140.				
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	- CTATE	here deceased lived. If inst yland b. COUI	titutian: Residence befare admission) NTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write PURAL and give gearest town) Thurmont		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Thurmont						
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street HOTTR	et address)	d. STREET ADDRESS	D 1	e. 1S RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	Emma I	Plorence Wil	lost	4. DATE OF DEATH May	Manth Day Year 30 1960				
s. sex ema le	T.77- 2 4	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 3,]	9. AGE (In ye lost, birthdo	egrs IF UNDER 1 YEAR IF UNDER 24 HR oy) yrs. Manths Days Hours Min.				
0a. USUAL OCCUPATI during most of way Housewij	ON (Give kind of work done 10 king life, even if retired)	Own Home	-	or foreign country) yland	12. CITIZEN OF WHAT COUNTRY U.S.A.				
3. FATHER'S NAME Hiram 2	Zimmerman		14. MOTHER'S MAIDEN I	NAME Piet Seacri	st				
S. WAS DECEASED EV			nformant rs. Edith K		Address armont, Md.				
Frail	immediate the under- (c) C THER SIGNIFICANT CONDITION:	CONTRIBUTING TO DEATH BUT			YES NO				
-	RY Month, Day, Year 20d. Whi	t-	ACE OF INJURY (Hame, farn ctory, street, office bldg., etc		(Caunty) (Stat				
alive on ACTUAL SIGNATURE PHYSICIAN'S	Thomas A I		n accurred at 346	M, fram the causes ADDRESS (Street, city or to					
22a. 8URIAL, CREMATIO	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	PR CREMATORY	Thurmont,	wn, ar county) (State)				
Burial Burial Burial Burial Burial Burial Burial Burian Burian		Mt. Carmel ADDRESS Thurmont,, M	1	D BY REGISTRAR 24b. F	nt, Md. Fred Co. REGISTRAR'S SIGNATURE Chilling S. Frank				

